Pharmacy Address:

GP Name:

Surgery Address:

 Date

Dear

NSAID safety – gastro-protection

Patient Name:

Date of Birth: NHS Number:

Patient Address:

Our pharmacy records show this patient is prescribed an NSAID or COX2 inhibitor. The patient is aged 65 or older and has no gastro-protection prescribed. Following a discussion with the patient on the benefits of gastro-protection and with their consent, I would be grateful if you could review NSAID treatment and whether a gastro-protective agent is necessary.

Best wishes

Yours sincerely