

Pharmacy Address:

Prescriber 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 years or older and appears to have no gastro-protection prescribed. I would be grateful if you could review the NSAID treatment and consider whether a gastro-protective agent is necessary.

Best wishes

Yours sincerely