**Sample Letter to Prescribers**

*[Use Pharmacy Letterhead]*

[Prescriber’s Name]

[Practice Name]

[City, State, ZIP]

[Date]

Re: Our Mutual Patient [Insert Patient’s Name]

Dear [Insert Prescriber’s Name]:

Our mutual patient has elected to have [his/her] prescription medications synchronized to come due on a single day each month through [Insert pharmacy name]’s Appointment Based Modelprogram. The convenience of a single monthly trip to the pharmacy saves our patient time and helps [him/her] become more adherent to [his/her] medicines. The single appointment also allows me to have an in depth conversation to assure all medications are working as intended. [Insert Patient’s Name]’s appointment date is currently scheduled to be the **[Insert Appointment Date]** of each month.

Through this program, patients no longer have to call for refills or worry about running out of their medications. They receive *personalized* service —we will contact them approximately one week before their refills are due each month to review their prescriptions, discuss recent doctor visits or hospitalizations, and answer any questions they may have about their medications. Our goal is to help our patients better understand their medication therapy and achieve optimal health outcomes.

**How can you help?**

* To start our patient on this service, a short-fill prescription *may* be needed to align the all chronic medications to a single appointment day. If so, a fax will be sent to request your authorization.
* Please consider the patient’s appointment date as you are writing new prescriptions.
* Think of me as a trusted member of your healthcare team and feel free to contact me to discuss any aspect of the patient’s medication therapy.

My colleagues and I are pleased to partner with you in the care of our patient.

Sincerely,

[Pharmacist’s Name]

Pharmacist

[Contact Information: Phone, Fax, Email]