**This letter is for you to adapt for your patient(s). Please ensure that you customise the text highlighted in yellow so that the information is appropriate. Please also ensure that once you have made your amendments, any important information isn’t split across two pages, or that an instruction to continue to a second page is added.**

Insert practice header or print to practice headed paper, or type address details below.

[Practice name]

[Address]

[Tel]

[Fax]

[Email]

[Date]

[Title/Initial/Surname]

[Patient Address Block]

Dear [Title] [Surname],

We are currently reviewing the medication we use to treat urinary incontinence, particularly a medicine called tolterodine modified release (MR)**.**

In line with national guidance, we will now prescribe tolterodine twice daily as the preferred medicine for urinary incontinence.

Your records have been reviewed by the doctors to check that these preparations would be suitable for you and this choice is supported by NHS Dorset.

You will notice a difference in the appearance of the new medication but you should not expect any difference in treatment effectiveness.

Your total daily dose will not change but will be divided into **two separate doses:** one dose in the morning and one dose in the evening.

**NB. Do not take both doses at once.**

We have changed your prescription from:

|  |  |
| --- | --- |
| Tolterodine MR  | [insert strength]mg tablets daily |

to

|  |  |
| --- | --- |
| Tolterodine  | [insert strength]mg tablets twice daily |

Please make an appointment to see your GP after you have been taking your new medication for 4-6 weeks.

**Please finish your current supply of medicines before starting this new medicine.**

Please find attached a patient information leaflet.

We do not anticipate that you will experience any change in your condition with this medication, but if you have any questions please contact your GP/Nurse/pharmacist **[delete as appropriate]** on the number below.

|  |  |
| --- | --- |
| GP/Nurse/pharmacisttelephone no. **[delete as appropritate]** | [**Add number**] |

Yours sincerely

Dr [Name] and partners

[Insert practice name]