**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 on to a second page is added.**

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

[Practice name]

[Address]

[Tel]

[Email]

[Date]

[Patient Address Block]

Dear [Title] [Surname]

Our medical practiceis currently reviewing all patients who are prescribed insulin pen needles. We are bringing our prescribing in line with guidance developed by local experts, including diabetes specialist nurses.

Next time you receive a prescription for your insulin pen needles you may notice that we have changed the brand that we prescribe. These needles are very similar to your previous insulin needles; they may be made by a different manufacturer. There is no change to how you use the needles and you should not notice any difference between these and your previous needles.

Each needle should only be used once. Please do not re-use needles.

We plan to introduce this change with your next prescription. Please finish your current pen needles before starting your new ones.

If you have any questions about this change, please contact your / your child’s GP/Nurse/Pharmacist (delete as appropriate).

|  |  |
| --- | --- |
| **GP/Nurse/Pharmacist** [delete as applicable] | [Add number] |

Yours sincerely

Dr [insert name] and partners

[practice name]