**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]

[Fax]

[Email]

[Date]

[Title\_Initial\_Surname]

[Patient Address Block]

Dear [Title] [Surname],

NHS Dorset has asked all GP teams to review prescribing of Tamsulosin MR tablets and as such, your prescription has been changed to Tamsulosin MR capsules. The packaging might be different to what you would normally expect to see, however these products are considered clinically interchangeable.

We do not expect you to notice a difference in therapy however, please contact us if you have any concerns.

If you have any questions about this change, please contact your GP/Nurse/Pharmacist.

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

If you would like to discuss this change further, please do contact the surgery.

Yours sincerely

 [name of GP]

[name of practice]