

# NHS Medicines Use Review Service

## Feedback Form



Date:

To: **GP Practice Name**

**Re. Patient name**  
**Patient address**

**DOB:**

**NHS number:**

This patient recently received a Medicines Use Review (MUR) which identified issues with the following medicines which are detailed below:

**Medicine name(s)**

The following matters were identified which require your consideration:

- Potential drug interaction(s)
- Potential side effects/adverse drug reaction preventing use of the medicine
- Patient reports not using the medicine any more
- Patient reports not using the medicine in line with the directions of the prescriber
- Patient reports difficulty using the medicine – issue with the device
- Patient reports difficulty using the medicine – issue with the formulation
- Patient reports lack of efficacy
- Patient reports problem with dosage regimen
- Patient reports unresolved concern about the medicine
- Other (see comments below)

***Further information / comments / possible action:***

I have advised the patient that, where appropriate, the practice will contact them regarding this matter after considering the above information. Please provide any necessary feedback to me on the outcome.

**Pharmacist Name**

Telephone:

**Pharmacist**

Pharmacy Name

Address 1

Address 2

Address 3

Postcode

**CONFIDENTIAL**