Pharmacy Name

 Practitioner Name:

 Direct Line:

 Email:

 Our Ref: [insert]

 Date: [insert]

GP name

GP Practice

GP Address

GP Postcode

**PRIVATE & CONFIDENTIAL**

Dear [insert GP name]

RE: [Insert pt name], [insert pt address]

Date of Birth: [insert]

NHS No: [insert]

[Insert Pt name] was identified as a smoker and was offered behavioural support and stop smoking medication while an inpatient at the [insert name of hospital] Hospital.

Upon discharge [insert pt name] was referred to this Pharmacy for ongoing support with their quit attempt.

Please update your records with the following: (pharmacy to select the applicable response from below)

* Pt name has been supplied Nicotine Replacement Therapy (NRT) to support their quit attempt.
* Pt name has recorded a successful 4 week quit attempt.
* Pt name has recorded a successful 12 week quit attempt / final consultations and no longer requires support.

Pt name has been successful / unsuccessful with their quit attempt and discharged from the service.

Regards,