

Pharmaceutical Opinion Program Documentation Tool

Dear _____ ,

Your patient, _____ (Date of Birth: _____), have recently been prescribed with _____ , however there is a drug-drug interaction with _____. This drug-drug interaction, based on pharmacoepidemiological studies, has shown to be associated with an increased risk of potential hospitalization. The following form shows my recommendation for this drug-related problem. **Please advise by completing the two sections outlined in black.**

Please feel free to contact me at _____ if you have any further questions or would like to discuss your patient's drug-related problem.
Thank you for your time!

Sincerely,