Practice Name

Practice Address 1

Practice Address 2

Practice Address 3

Postcode

Date:

Patient name

Patient address 1

Patient address 2

Patient address 3

Postcode

Dear Patient

Change to your Cholesterol Reducing Medication (Statin)

You are currently taking X tablets which belongs to a class of medicines called statins. Given you have had a previous diagnosis of Ischaemic Heart Disease/Cerebrovascular disease/Peripheral Vascular disease, the NICE guidelines recommends you take Atorvastatin 80mg daily.

So, in line with NICE recommendations, we would like to change your prescription from X to Atorvastatin 80mg daily. Atorvastatin and X are similar since they are the same type of medicine (statins). Atorvastatin has been shown to reduce cholesterol and to reduce the risk of having a heart attack or stroke in people with a high risk.

We are looking to change your repeat prescription as follows:

|  |  |
| --- | --- |
| Current Prescription | New Prescription |
|  | Atorvastatin 80mg OD |

If you would like to discuss this further, please do not hesitate in contacting the surgery and we can arrange to call you back.

If you are happy for this change to go ahead, you do not need to do anything else.

You will see the change on your next repeat prescription. Until then, please continue to use your existing supply of X tablets until it is finished before starting the Atorvastatin tablets. You are unlikely to notice any difference with this change. However, if you have any questions regarding the change, or if you notice any side-effects with the Atorvastatin tablets, then please contact the surgery or the pharmacy where your prescriptions are dispensed.

Please inform your GP promptly if you experience unexplained muscle pain, tenderness or weakness with the atorvastatin tablets (a rare side effect of all statins).

Yours sincerely,

Signature

Name

Job Title

In conjunction with XXX Practice Name