**Private Weight Loss Medication Prescribing**

<Recipient Name>

<Recipient Details>

<Recipient Address>

Date: <Todays date>

Ref:

Dear <Recipient Name>

**Re: <Patient name>**

**NHS number: <NHS number>, date of birth <Date of birth>**

**<Patient address>**

**Telephone:<Patient contact details>**

Dear Provider.

Thank you for your request for information regarding this patient for whom you have recently prescribed/are planning to prescribe Semaglutide (Wegovy) / Tirzeptatide (Mounjaro). As you are aware, [**GMC good medical practice**](https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/good-practice-in-prescribing-and-managing-medicines-and-devices)imbues responsibility for safe prescribing onto the prescriber themselves, which in this case is you/your organisation. Ways of ensuring safety would include taking an adequate history and checking with the patient’s NHS app for confirmation of medical history and medication, as well as undertaking and acting on any appropriate pre-prescribing investigations. I t is not appropriate to ask the patients NHS GP to undertake this assessment on your behalf.

We have contacted the patient to advise you need to liaise with them to facilitate this information by them either providing it to you via the NHS app or by them requesting a computer-generated summary from us.

**Please note**, having reviewed the medical record, we are aware of information that may make the prescription inappropriate, but ***delete as appropriate***

1. **The patient has not given you consent to share this information.**
2. **The patient has not responded to our request to consent to share this information.**

Please consider this information and your prescribing of this medication for you patient.

Yours sincerely.

<Sender name>

**On behalf of <Sender details>**