Pharmacy Technician Letter

Replace the bracketed placeholders with your own details before printing. Delete any paragraph that does not apply.

Practice / organization name: _____ **Date:** _____ dd / mm / yyyy

Practice address, phone and email

Recipient name and address

Reference / record number: _____ **Subject:** _____

Dear [recipient name],

[Opening paragraph - state clearly why you are writing and what this pharmacy technician concerns.]

[Middle paragraph - give the detail the reader needs: dates, findings, decisions taken and anything you are asking them to do.]

[Closing paragraph - state the next step, the deadline if there is one, and who to contact with questions.]

Additional notes or enclosures

Yours sincerely,

Signature and date
Name, role and contact details: _____