

Letter of Agreement

Date: [Insert Date]

From:

[Your Pharmacy Name] [Your Pharmacy Address] [City, State, Zip Code] [Phone Number]

To:

[Partner Organization Name] [Partner Organization Address] [City, State, Zip Code] [Phone Number]

Subject: Agreement for Clinical Service Partnership

Dear [Partner Organization Contact Name],

This letter serves as a formal agreement between [Your Pharmacy Name] and [Partner Organization Name] to establish a partnership for the provision of clinical services.

1. Purpose

The purpose of this partnership is to enhance patient care through collaborative clinical services.

2. Roles and Responsibilities

- [Your Pharmacy Name] will provide: [List specific services]
- [Partner Organization Name] will provide: [List specific services]

3. Duration

This agreement will begin on [Start Date] and will remain in effect until [End Date], unless terminated earlier by either party.

4. Compensation

[Outline terms of compensation and payment arrangements]

5. Confidentiality

Both parties agree to maintain the confidentiality of any sensitive information exchanged during the partnership.

6. Signatures

By signing below, both parties agree to the terms outlined in this letter of agreement.

_____ [Your Name] [Your Title] [Your Pharmacy Name] Date:

_____ [Partner Organization Contact Name] [Partner Organization Title]
[Partner Organization Name] Date: _____

Thank you for your collaboration.

Sincerely,

[Your Name] [Your Title] [Your Pharmacy Name] [Your Contact Information]