

Expression of Interest

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[Company/Organization Name]

[Address]

Dear [Recipient's Name],

I am writing to express my interest in the potential partnership for pharmacy clinical services as outlined in [mention any relevant document or initiative]. As a [your position, e.g., licensed pharmacist] with extensive experience in [mention your area of expertise], I believe that our collaboration could significantly enhance patient care and promote better health outcomes.

Our pharmacy has been committed to delivering quality healthcare services, and we are particularly interested in [mention specific areas of interest, e.g., chronic disease management, medication therapy management]. I am confident that by working together, we can leverage our strengths to achieve [mention specific goals or benefits].

I would welcome the opportunity to discuss this partnership in more detail and explore how we can align our efforts to meet the needs of our community. Please feel free to contact me at your convenience to schedule a meeting.

Thank you for considering this expression of interest. I look forward to the possibility of working together.

Sincerely,

[Your Name]

[Your Title]

[Your Pharmacy Name]

[Phone Number]

[Email Address]