

Notification of Clinical Service Cooperation

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Title]

[Recipient's Organization]

[Recipient's Address]

Dear [Recipient's Name],

We are pleased to inform you of an opportunity for clinical service cooperation between [Your Pharmacy Name] and [Recipient's Organization]. Our pharmacy is committed to enhancing patient care through collaborative efforts and integrated service delivery.

Through this partnership, we aim to provide comprehensive medication management, patient counseling, and specialized pharmacy services that align with your organization's objectives. We believe that our combined expertise can significantly improve patient outcomes in our community.

We would like to schedule a meeting to discuss this collaboration in further detail and explore how we can work together effectively. Please let us know your availability for a meeting in the coming weeks.

Thank you for considering this opportunity. We look forward to your positive response.

Sincerely,

[Your Name]

[Your Title]

[Your Pharmacy Name]

[Your Pharmacy Address]

[Your Phone Number]

[Your Email Address]