

Proposal for Pharmacy Clinical Service Alliance

Date: [Insert Date]

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

[Recipient Name]
[Recipient Title]
[Recipient Organization]
[Recipient Address]
[City, State, Zip Code]

Dear [Recipient Name],

We are pleased to present a proposal for a clinical service alliance between [Your Pharmacy Name] and [Recipient Organization]. In light of the growing need for comprehensive pharmaceutical care, we believe this partnership will enhance patient outcomes and streamline healthcare delivery.

Objective

The primary goal of this alliance is to...

Proposed Services

- Medication Therapy Management
- Chronic Disease Management
- Patient Education and Counseling

Benefits to the Community

This collaboration will result in...

Next Steps

We would love the opportunity to discuss this proposal further. Please let us know a suitable time for a meeting.

Thank you for considering this partnership. We look forward to your favorable response.

Sincerely,
[Your Name]
[Your Title]
[Your Pharmacy Name]