

Prescription Audit Compliance Confirmation

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are writing to confirm that your recent prescription audit has been successfully completed. We appreciate your cooperation and diligence in ensuring compliance with our pharmacy policies and regulations.

Following our audit, the following key points were noted:

- All prescriptions were documented according to the required guidelines.
- No discrepancies were found in the recorded medication dosages.
- Patient records were maintained and updated in a timely manner.

Thank you for your commitment to quality patient care and adherence to our policies. Should you have any questions or require further clarification regarding the audit findings, please do not hesitate to contact us.

Sincerely,

[Your Name]

[Your Position]

[Your Organization]

[Contact Information]