

Prescription Audit Compliance Notification

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

Dear [Recipient's Name],

We are writing to inform you that a prescription audit has been conducted for the period of [Insert Time Period]. The purpose of this audit is to ensure compliance with the prescribing standards and guidelines.

Our findings indicate [brief summary of findings and compliance status]. We appreciate your adherence to the established protocols and thank you for your commitment to patient safety and quality care.

In case of any discrepancies or further information required, please do not hesitate to reach out to us by [Insert Contact Information]. We are here to assist you.

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]