*Template Response to Private Provider (Known Contraindication):*

**[Your Practice Letterhead]**
[Date]

Dear [Provider's Name],

Re: [Patient's Name]

Thank you for your letter dated [insert date], informing us of the prescription of [Medication Name] to the above patient.

The responsibility for ensuring safe prescribing lies with the prescribing clinician. In this instance, we are aware of information that may affect the safety of the medication prescribed. However, we are unable to disclose specifics without the patient's consent, as required by patient confidentiality regulations.

We strongly encourage you to review the patient's medical history directly with them to ensure there are no contraindications or clinical concerns before proceeding with the prescription. Patients should have access to their medical records online, which may assist you in this process.

This advice is in line with MDU guidance, which emphasises the prescriber's responsibility to ensure they are fully informed before issuing treatment.

Reference: [MDU Guidance on Disclosing Information for Weight Loss Medication](https://www.themdu.com/guidance-and-advice/latest-updates-and-advice/advice-on-disclosing-information-for-patients-weight-loss-medication)