

[Your Name]  
[Your Address]  
[City, State, ZIP Code]  
[Phone Number]  
[Email Address]  
[Date]

[Pharmacy Name]  
[Pharmacy Address]  
[City, State, ZIP Code]

**\*\*Subject: Prescription Order\*\***

Dear [Pharmacist's Name or "Pharmacy Team"],  
I hope this letter finds you well. Please find below the prescription order for my patient:

**\*\*Patient Information:\*\***

- Patient Name: [Patient's Name]
- Date of Birth: [Patient's DOB]
- Address: [Patient's Address]
- Contact Number: [Patient's Contact Number]

**\*\*Prescription Details:\*\***

- Medication Name: [Medication Name]
- Dosage: [Dosage]
- Quantity: [Quantity]
- Instructions: [Instructions for Use]
- Refills: [Number of Refills]

**\*\*Prescriber Information:\*\***

- Prescriber Name: [Your Name]
- License Number: [Your License Number]
- Contact Number: [Your Contact Number]
- Signature: [Your Signature]

Thank you for your assistance. Please feel free to contact me if you have any questions or need further information.

Sincerely,

[Your Name]  
[Your Title/Position]  
[Your Practice Name]