[Doctor's Name]
[Doctor's Address]
[City, State, ZIP Code]
[Phone Number]
[Email Address]
[Date]
[Patient's Name]
[Patient's Address]
[City, State, ZIP Code]
Dear [Patient's Name],
This letter serves as a prescription for you.
Medication: [Medication Name]
Dosage: [Dosage Information]
Frequency: [Frequency of Administration]
Duration: [Duration of Treatment]
Additional Instructions: [Any additional instructions or notes]
Please ensure to follow up with me if you experience any side effects or
have any concerns regarding your treatment.
Best regards,
[Doctor's Signature]
[Doctor's Printed Name]
[Medical License Number]
[Specialization]