

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

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

Dear [Pharmacy Name/Pharmacist],

I am writing to provide a prescription for an EpiPen for my patient,
[Patient's Name], who has been diagnosed with a severe allergic reaction
(anaphylaxis) and is in need of this emergency medication.

Patient Information:

- Name: [Patient's Full Name]
- Date of Birth: [Patient's Date of Birth]
- Medical Record Number: [Patient's MRN]

Prescribe:

- EpiPen (0.3 mg or 0.15 mg as appropriate)
- Quantity: [Quantity]
- Directions: [Directions for use]

It is essential for the patient to have access to this medication at all
times due to their allergy history. Please let me know if you require any
additional information.

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Medical Title]
[Your Practice/Clinic Name]
[Your Practice Address]
[City, State, Zip Code]
[Your License Number]
[Your Contact Information]