

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

[Physician's Name]  
[Physician's Practice Name]  
[Office Address]

[City, State, Zip Code]

Dear [Physician's Name],

I hope this message finds you well. I am writing to request a refill for my EpiPen prescription. I have been using the EpiPen as needed for my [specific allergy/condition], and I am due for a refill.

If possible, please send the refill to my preferred pharmacy:

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

Thank you for your attention to this matter, and please let me know if you need any further information.

Sincerely,

[Your Name]  
[Your Date of Birth]  
[Your Patient ID (if applicable)]