

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Position]
[Pharmacy/Hospital/Doctor's Office Name]
[Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request a prescription for EpiPen medications for [myself/my child, Name]. Due to [briefly explain the medical condition or allergy], it is crucial that we have immediate access to this emergency medication to effectively manage any allergic reactions.

I understand the importance of having an EpiPen on hand and assure you that it will be stored safely and used according to the prescribed guidelines. Please let me know if any further information or documentation is required to process this request.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]