

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

Pharmacy Department
MHS Genesis Pharmacy
[Pharmacy Address]
[City, State, Zip Code]

Dear Pharmacy Staff,

I hope this letter finds you well. I am writing to request a refill for my prescription. Below are the details of the prescription:

- Patient Name: [Your Name]
- Date of Birth: [Your DOB]
- Prescription Number: [Prescription Number]
- Medication Name: [Medication Name]
- Dosage: [Dosage]
- Quantity Requested: [Quantity]

Please let me know if you require any additional information to process this request. I appreciate your assistance.

Thank you.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]