

[Doctor's Name]
[Medical Practice Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]
[Date]

[Patient's Name]
[Patient's Address]
[City, State, Zip Code]

Dear [Patient's Name],

I am writing this letter to confirm that you have been evaluated for your medical condition and that I am prescribing you the following medication:

****Medication Name:**** [Medication Name]

****Dosage:**** [Dosage]

****Instructions:**** [Instructions on how to take the medication]

****Prescription Duration:**** [Duration of the prescription]

Please adhere to the prescribed dosage and schedule. If you experience any side effects or have any concerns regarding this medication, do not hesitate to contact my office.

Sincerely,

[Doctor's Signature]
[Doctor's Printed Name]
[Medical License Number]