

[Your Name]  
[Your Title/Position]  
[Your Clinic/Hospital 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 to provide you with your prescription as discussed during our recent consultation. Below are the details regarding your medication:

**\*\*Medication Name:\*\*** [Name of the medication]

**\*\*Dosage:\*\*** [Dosage details]

**\*\*Frequency:\*\*** [How often to take the medication]

**\*\*Duration:\*\*** [Length of the treatment]

Please follow the instructions carefully and do not hesitate to contact my office if you have any questions or concerns regarding your treatment.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Medical License Number]