

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

[Recipient's Name]
[Recipient's Title/Position]
[Recipient's Address]
[City, State, ZIP Code]

Subject: Prescription Medication Request

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to request a prescription for [Medication Name] to address [specific health condition or need].

Patient Information:

- Full Name: [Patient's Name]
- Date of Birth: [Patient's DOB]
- Insurance Information: [Insurance Provider and Policy Number]

Medication Details:

- Medication Name: [Medication Name]
- Dosage: [Dosage Amount]
- Quantity: [Number of Pills/Units]
- Refills: [Number of Refills Requested]

Reason for Prescription:

[Brief explanation of the medical necessity and any relevant history.]

Please let me know if you need any further information or documentation to process this request. I appreciate your attention to this matter.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Relationship to Patient (if applicable)]