

[Your Name]  
[Your Title/Position]  
[Your Institution/Organization]  
[Your Address]  
[City, State, Zip Code]  
[Your Email Address]  
[Your Phone Number]  
[Date]  
[Recipient Name]  
[Recipient Title/Position]  
[Recipient Institution/Organization]  
[Recipient Address]  
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to recommend [Patient's Full Name] for a prescription of [Medication Name]. As [his/her/their] [Your Relationship, e.g., physician, pharmacist], I have had the privilege of working closely with [him/her/them] over the past [duration].

[He/She/They] has demonstrated [specific qualities or conditions that warrant the prescription, e.g., consistent symptoms, difficulty managing condition, previous trials with other medications, etc.]. After conducting a thorough evaluation, I believe that [Medication Name] is the most appropriate treatment for [his/her/their] condition.

[Provide specific details regarding the patient's medical history, current condition, and why the prescribed medication is necessary. Highlight any previous treatments and their outcomes if applicable.]

I am confident that with this prescription, [Patient's Name] will experience significant improvement in [his/her/their] health and quality of life. Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you require further information.

Thank you for considering this recommendation.

Sincerely,

[Your Name]  
[Your Title/Position]  
[Your Institution/Organization]