

[Your Name]
[Your Title]
[Your Practice Name]
[Your 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 a prescription for [Medication Name]. This medication has been prescribed to address [specific condition or symptoms].

****Prescription Details**:**

- ****Medication Name**:** [Medication Name]
- ****Dosage**:** [Dosage]
- ****Frequency**:** [Frequency]
- ****Quantity**:** [Number of units]
- ****Refills**:** [Number of refills, if any]
- ****Directions**:** [Any specific instructions for the patient]

Please fill this prescription at your local pharmacy of choice. If you have any questions or concerns about the medication or how to take it, do not hesitate to contact my office.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your License Number]