[Your Name]
[Your Title/Qualifications]
[Your Practice/Clinic Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]
[Phone Number]
[Email Address]
[Date]
[Patient's Name]
[Patient's Address]
[City, State, Zip Code]
Dear [Patient's Name],
RE: Prescription for [Medication Name]
I am writing to formally prescribe [Medication Name] for you. Please find the details of the medication and dosage below:
Medication Name: [e.g., Amoxicillin]
Dosage: [e.g., 500 mg]
Frequency: [e.g., Take one tablet three times a day]
Duration: [e.g., 7 days]
Please ensure to follow the prescribed dosage and contact my office should you have any questions or experience any side effects.
Best regards,
[Your Signature]
[Your Printed Name]
[Your License Number]