

[Your Name]  
[Your Title/Position]  
[Your Practice/Clinic 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],  
Subject: Prescription for [Medication Name]  
I am writing to prescribe [Medication Name] for your condition. Below are the details of the prescription:  
\*\*Patient Information:\*\*  
- Name: [Patient's Name]  
- Date of Birth: [Patient's DOB]  
- Patient ID: [Patient ID if applicable]  
\*\*Medication Prescribed:\*\*  
- Drug Name: [Medication Name]  
- Dosage: [Dosage Instructions]  
- Frequency: [Frequency of Administration]  
- Quantity: [Total Quantity]  
- Refills: [Number of Refills]  
\*\*Indication for Use:\*\*  
[Brief description of the condition being treated]  
Please ensure that you follow the dosing instructions provided. If you have any questions or concerns regarding this prescription or your treatment plan, do not hesitate to contact me.  
Best Regards,  
[Your Signature (if sending a hard copy)]  
[Your Printed Name]  
[Your Title]  
[Your License Number]