

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

[Pharmacy Name]  
[Pharmacy Address]  
[City, State, ZIP Code]

Dear [Pharmacist's Name],

I am writing to prescribe [Medication Name] for [Patient's Name], date of birth [Patient's DOB]. The prescribed dosage is [Dosage], to be taken [Frequency].

Indication for this medication is [Indication]. Please ensure the patient is counseled on potential side effects and the importance of adherence to the prescribed regimen.

If you have any questions, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name, MD/DO/NP]  
[Your Medical Practice Name]  
[Your Medical License Number]