

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

[Recipient's Name]  
[Recipient's Title]  
[Recipient's Organization/Clinic]  
[Organization Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to request a prescription for [Medication Name] for [Patient's Name], who has been experiencing [brief description of the condition or symptoms]. Based on my evaluation, I believe that [Medication Name] is appropriate for [Patient's Name] due to [reason for the medication].

[Optional: Include any previous treatments, dosages, or relevant medical history that supports the prescription request.]

Please let me know if you need any further information or if there are any forms that need to be completed.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]  
[Your Title or Position]  
[Your Organization, if applicable]