

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

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

Dear [Pharmacist's Name or "Pharmacy Staff"],
I am writing to provide a prescription for my patient, [Patient's Full Name], who has been under my care. Below are the details of the prescription:

****Patient Information:****

- Name: [Patient's Full Name]
- Date of Birth: [Patient's Date of Birth]
- Address: [Patient's Address]

****Prescription Details:****

- Medication Name: [Medication Name]
- Dosage: [Dosage]
- Quantity: [Quantity]
- Directions for Use: [Directions]
- Refills: [Number of Refills]

****Additional Notes:****

[Include any special instructions or notes]

Thank you for your attention to this matter. Please contact me if you have any questions regarding this prescription.

Sincerely,

[Your Name]
[Your Title/Position]
[Your Medical License Number]
[Your Practice Name]