

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

[Patient's Name]
[Patient's Address]
[City, State, Zip Code]

Dear [Patient's Name],

Prescription:

- Medication Name: [Medication]
- Dosage: [Dosage]
- Directions for Use: [Instructions]
- Refills: [Number of Refills]
- Duration: [Duration of Treatment]

Please ensure you follow the directions as prescribed and consult me if you have any questions or experience any adverse effects.

Sincerely,

[Your Name]
[Your Title/Position]
[Your Signature (if sending a hard copy)]