

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Doctor's Name]
[Doctor's Office Name]
[Office Address]
[City, State, Zip Code]

Dear [Doctor's Name],

I hope this message finds you well. I am writing to request a prescription for [specific medication or treatment] as we discussed during my last appointment on [date of appointment].

I believe this medication will assist me in managing [specific condition or symptoms]. If you require any further information or documentation to process this request, please let me know.

Thank you for your attention to this matter. I appreciate your help.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Date of Birth or Patient ID (if necessary)]