

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

Dear [Doctor's Name],

I hope this letter finds you well. I am writing to request a prescription for [medication name] that I require for [brief description of the condition or reason for the prescription].

I have been experiencing [symptoms or concerns] and believe that [medication name] would be beneficial for my treatment plan. I understand the importance of your evaluation and would appreciate your consideration of this request.

Please let me know if you require any additional information or if there is a need for a follow-up appointment. Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]