

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

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

Dear [Pharmacist's Name/Pharmacy Staff],

Subject: Inquiry Regarding Prescription Medication

I hope this message finds you well. I am writing to inquire about a specific prescription medication that I need assistance with.

Details of the medication:

- **Medication Name:** [Insert medication name]
- **Dosage:** [Insert dosage]
- **Prescribing Doctor:** [Insert doctor's name]
- **Prescription Number:** [Insert prescription number, if applicable]

I would like to know about the following:

1. Availability of the medication
2. Pricing and potential insurance coverage
3. Any alternatives, if the medication is not available
4. Typical processing time for filling the prescription

Thank you for your assistance. I would appreciate a prompt response to my inquiry.

Sincerely,

[Your Name]