

[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 Dr. [Doctor's Last Name],
I hope this message finds you well. I am writing to request a
prescription for [medication name] which I have previously discussed with
you.

I have been experiencing [briefly describe your condition or symptoms],
and I believe that continuing with this medication will greatly assist in
my treatment.

Please let me know if you need any further information or if there are
forms I should complete for this request.

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

Sincerely,
[Your Name]