

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title]
[Recipient's Organization]
[Organization's Address]
[City, State, Zip Code]
Dear [Recipient's Name],
Subject: Prescription Request for [Patient's Name/Your Name]
I am writing to formally request a prescription for [specific medication]
for [Patient's Name/Your Name]. The details regarding this request are as
follows:
Patient Information:
- Name: [Patient's Name]
- Date of Birth: [Patient's DOB]
- Medical Condition: [Brief description of the condition]
Medication Details:
- Medication Name: [Exact name of medication]
- Dosage: [Dosage instructions, e.g., 10mg once daily]
- Quantity: [Total quantity requested, e.g., 30 tablets]
- Refills: [Number of refills requested, e.g., 2 refills]
Reason for Prescription:
[Brief explanation of why the prescription is needed and any relevant
medical history]
Please let me know if you need any further information or documentation
to process this request.
Thank you for your attention to this matter.
Sincerely,
[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Job Title (if applicable)]
[Your Organization (if applicable)]
[Your Contact Information]