

[Your Name]
[Your Title]
[Your Medical Practice/Organization]
[Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]
[Date]
[Recipient's Name]
[Recipient's Title]
[Recipient's Organization]
[Recipient's Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request a prescription for [Medication Name] for my patient, [Patient's Name], who has been under my care since [Date].

[Briefly explain the patient's condition and the reasons for the medication request, including any relevant medical history and previous treatments.]

After careful consideration, I believe that [Medication Name] is the most appropriate course of treatment for [Patient's Name] and will significantly benefit their [condition/ailment].

If you require any further information or documentation regarding this case, please feel free to contact my office at [Phone Number] or [Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Credentials]