

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

[Doctor's Name]
[Practice or Hospital Name]
[Address]
[City, State, ZIP Code]

Dear [Doctor's Name],

Subject: Prescription Request for Chronic Condition

I hope this message finds you well. I am writing to request a prescription for [specific medication] for my chronic condition, [name of the condition]. As you know, I have been diagnosed with [brief description of the condition] and have been experiencing [describe any symptoms or issues related to the condition].

I believe that this medication will help manage my symptoms and improve my quality of life. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your ongoing support and care.

Sincerely,
[Your Name]