

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

[Recipient's Name]  
[Recipient's Title]  
[Recipient's Organization/Practice Name]  
[Organization 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 [specific medication name] for [patient's name, if applicable] due to [brief explanation of condition or reason for request].

[Provide any relevant details about the patient's medical history, previous treatments, response to other medications, and any pertinent test results if applicable.]

I believe that [specific medication] would be beneficial in managing [condition or symptoms], and I would appreciate your consideration of this request. If you require any additional information or documentation, please do not hesitate to contact me.

Thank you for your attention to this matter. I look forward to your response.

Sincerely,

[Your Name]  
[Your Title/Position, if applicable]  
[Your Organization, if applicable]