

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

[Recipient's Name]
[Recipient's Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Request for Prescription of Controlled Substance

I hope this message finds you well. I am writing to formally request a prescription for a controlled substance to aid in my medical treatment.

Patient Information:

- Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Patient ID (if applicable): [Your Patient ID]

Medical History:

I have been diagnosed with [specific medical condition] and have been under care for [duration]. After evaluating my progress and current treatment plan, it has been determined that a prescription for [specific controlled substance] is necessary to properly manage my symptoms.

Justification:

[Briefly explain why this medication is necessary for your treatment and any previous medications you have tried.]

I appreciate your attention to this matter and am willing to provide any additional information or documentation needed to support my request.

Thank you for considering my request. I look forward to your prompt response.

Sincerely,

[Your Name]

[Signature if sending a hard copy]