

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

Dear [Pharmacy Manager's Name or "To Whom It May Concern"],

Subject: Request for Prescription Replacement

I hope this message finds you well. I am writing to request a replacement for my prescription [medication name, dosage], which was prescribed to me by [Doctor's Name] on [Prescription Date]. Unfortunately, [reason for replacement: lost, damaged, etc.].

Patient Information:

- Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Prescription Number: [Prescription Number]

Please let me know if you need any further information or documentation. I appreciate your assistance in this matter and look forward to your prompt response.

Thank you for your attention to this request.

Sincerely,

[Your Name]

[Signature (if sending a hard copy)]