

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

Dear [Pharmacist's Name or "Pharmacy Staff"],  
I hope this letter finds you well. I am writing to request a replacement for my lost prescription.

Details of the prescription are as follows:

- \*\*Patient Name:\*\* [Your Name]
- \*\*Date of Birth:\*\* [Your Date of Birth]
- \*\*Prescription Medication:\*\* [Medication Name]
- \*\*Prescription Number (if available):\*\* [Prescription Number]
- \*\*Prescribing Doctor:\*\* [Doctor's Name and Contact Information]

I would greatly appreciate your assistance in issuing a replacement for my lost prescription at your earliest convenience. Please let me know if you require any additional information or if there are any forms I need to complete.

Thank you for your help.

Sincerely,

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