

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

[Recipient's Name/Title]
[Pharmacy/Healthcare Provider's Name]
[Pharmacy/Healthcare Provider's Address]
[City, State, Zip Code]

Dear [Recipient's Name or "To Whom It May Concern"],
I am writing to request a replacement for my prescription (RX) for [Medication Name], which was originally prescribed by [Prescribing Doctor's Name] on [Date of Prescription]. Unfortunately, [briefly explain the reason for the replacement request, e.g., "the prescription was lost," "the medication was damaged," etc.].

My patient information is as follows:

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

I would appreciate your prompt attention to this matter, as [mention any urgency related to your health or medication needs]. Please let me know if you need any further information or documentation to process my request.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]