

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Doctor's Name]
[Clinic/Hospital Name]
[Address]
[City, State, Zip Code]

Dear Dr. [Doctor's Last Name],

I hope this message finds you well. I am writing to request a new prescription for [medication name] as I am running low on my current supply and require a refill to ensure continuity of my treatment.

My last prescription was issued on [date of last prescription], and I have been adhering to the prescribed dosage. I would appreciate it if you could issue a new prescription at your earliest convenience.

If necessary, I am available for a follow-up appointment to discuss my treatment and any updates regarding my health.

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

Sincerely,

[Your Name]

[Your Patient ID or Date of Birth, if applicable]