

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

[Date]
[Pharmacy Name]
[Pharmacy Address]
[City, State, ZIP Code]

Subject: RX Replacement Request

Dear [Pharmacy Manager/Pharmacist's Name],

I hope this message finds you well. I am writing to request a replacement for my prescription, [Prescription Name/Medication], which I was unable to obtain due to [reason - e.g., loss, theft, damage].

Details of the prescription:

- Patient Name: [Your Full Name]
- Prescription Number: [Prescription Number]
- Date of Original Prescription: [Date]
- Prescribing Doctor: [Doctor's Name]

I kindly ask for your assistance in issuing a replacement for my prescription at your earliest convenience. If you require any further information or documentation, please let me know.

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

Sincerely,

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