

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

Dear [Doctor's Name],

I hope this message finds you well. I am writing to request a replacement for my prescription for [Medication Name] which was originally prescribed on [Date of Original Prescription]. Unfortunately, I have [briefly explain the reason for the replacement request, e.g., lost my prescription, ran out of medication, etc.].

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

Thank you for your attention.

Sincerely,

[Your Name]  
[Your Date of Birth]  
[Your Patient ID (if applicable)]