

[Your Name]
[Your Title]
[Your Practice/Organization Name]
[Practice Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]
[Patient's Name]
[Patient's Address]
[City, State, ZIP Code]

Dear [Patient's Name],

RE: Prescription Replacement

I hope this message finds you well. I am writing to confirm your request for a replacement prescription for [specific medication name].

Details of the replacement are as follows:

- ****Medication:**** [Medication Name]
- ****Dosage:**** [Dosage]
- ****Quantity:**** [Quantity]
- ****Refill:**** [Number of Refills]
- ****Date of Issue:**** [Issuing Date]

Please visit [Pharmacy Name] located at [Pharmacy Address] to pick up your prescription. If you have any questions or require further assistance, do not hesitate to reach out.

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Title]
[Your Practice/Organization Name]