

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

Dear [Pharmacist's Name or Pharmacy Manager],

Subject: Request for Prescription Replacement

I hope this message finds you well. I am writing to formally request a replacement for my prescription, which was [briefly explain the issue, e.g., lost, damaged, etc.].

Patient Name: [Your Full Name]

Prescription Number: [Prescription Number]

Medication Name: [Medication Name]

Prescribing Doctor: [Doctor's Name]

I understand the importance of maintaining the integrity of prescription medications and assure you that I have taken the necessary steps to rectify the situation. My doctor has been informed and is supportive of replacing the prescription.

Please let me know if any further information is required to facilitate this request. I appreciate your assistance in this matter.

Thank you for your time and attention.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]