

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

[Pharmacy Name]
[Pharmacy Address]
[City, State, Zip Code]

Dear [Pharmacy Manager's Name],

Subject: Prescription Replacement Inquiry

I hope this message finds you well. I am writing to inquire about the replacement of my prescription for [Medication Name], which was originally prescribed by [Doctor's Name] on [Prescription Date].

Unfortunately, I have misplaced the original prescription and am in need of a replacement to ensure continuity of my treatment.

If possible, could you please provide me with guidance on how to proceed with obtaining a replacement? Additionally, if there are any forms or procedures I need to complete, please let me know.

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

Sincerely,

[Your Name]

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