

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

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

Subject: Prescription Replacement Request

Dear [Pharmacy Manager's Name],

I hope this message finds you well. I am writing to formally request a replacement for my prescription, [Medication Name], which was lost due to [brief explanation of the reason, e.g., "loss," "theft," etc.].

Patient Information:

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Prescription Number: [Original Prescription Number]
- Date of Original Prescription: [Date]

I kindly ask for your assistance in issuing a replacement prescription at your earliest convenience. If any additional information or verification is required, please do not hesitate to contact me.

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)]