

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

[Recipient's Name]
[Recipient's Title]
[Pharmacy or Healthcare Provider's Name]
[Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Request for Prescription Replacement

I hope this letter finds you well. I am writing to request a replacement for my prescription for [Medication Name], which was originally prescribed by [Doctor's Name] on [Original Prescription Date].

Details of the Prescription:

- Patient Name: [Your Name]
- Date of Birth: [Your DOB]
- Prescription Number: [Prescription Number]
- Dosage: [Dosage Details]
- Quantity: [Quantity Details]

Reason for Replacement:

[Briefly explain why you need a replacement, e.g., lost, damaged, expired, etc.]

Please let me know if you require any additional information or documentation to process this request. I appreciate your prompt attention to this matter and look forward to your response.

Thank you for your assistance.

Sincerely,
[Your Name]