

[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],

I am writing to request a replacement for my prescription medication due to [reason for replacement, e.g., lost, damaged, or erroneous prescription].

Prescription details:

- Patient Name: [Your Name]
- Medication: [Medication Name]
- Dosage: [Dosage Information]
- Prescription Number: [Prescription Number, if available]
- Date of Prescription: [Original Date]

I would appreciate your assistance in issuing a replacement at your earliest convenience. Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Signature, if sending a hard copy]