

[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],  
I hope this message finds you well. I am writing to request a replacement for my prescription medication due to [briefly state reason for replacement, e.g., a lost, damaged, or incorrect medication].

My prescription details are as follows:

- Patient Name: [Your Name]
- Prescription Number: [Prescription Number]
- Medication Name: [Medication Name]
- Date of Original Fill: [Original Fill Date]

I would greatly appreciate your assistance in processing this request at your earliest convenience. If you need any further information or documentation, please let me know.

Thank you for your attention to this matter.

Sincerely,  
[Your Name]