

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Pharmacy/Clinic Name]
[Pharmacy/Clinic Address]
[City, State, ZIP Code]

Dear [Recipient Name],

I hope this message finds you well. I am writing to request a replacement for my medication, [Medication Name], which I recently [lost, spilled, etc.].

Details of my prescription are as follows:

- Patient Name: [Your Name]
- Prescription Number: [Prescription Number]
- Date of Prescription: [Date]
- Dosage: [Dosage Information]

I understand the importance of proper medication usage and assure you that this was a one-time incident. I would greatly appreciate your assistance in replacing my medication at your earliest convenience. Thank you for your attention to this matter. Please let me know if you require any further information.

Sincerely,
[Your Name]