

**\*\*Subject:\*\*** RX Replacement Request

**\*\*Dear** [Pharmacy/Recipient's Name],**\*\***

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

**\*\*Prescription Details:\*\***

- Patient Name: [Your Full Name]
- Prescription Number: [Prescription Number]
- Medication Name: [Medication Name]
- Dosage: [Dosage]
- Prescribing Doctor: [Doctor's Name]

I would appreciate your assistance in processing this request as soon as possible. Please let me know if you require any further information or if there are forms I need to complete.

Thank you for your attention to this matter.

Best regards,

[Your Name]

[Your Contact Information]

[Your Address]