

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

Dear [Pharmacist/Doctor's Name],

I hope this message finds you well. I am writing to request reauthorization for my prescription [Medication Name], prescribed for [Condition]. My last prescription was issued on [Date] and is set to expire on [Expiration Date].

I have been consistently following the prescribed treatment plan, and the medication has been effective in managing my condition. I would greatly appreciate it if you could assist in renewing my prescription at your earliest convenience.

Please let me know if you need any additional information or if you require me to schedule an appointment for further consultation. Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]