

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

Dear [Pharmacy/Clinic Name/Doctor's Name],

Subject: Prescription Assistance for Xtandi

I hope this letter finds you well. I am writing to request assistance with obtaining a prescription for Xtandi (enzalutamide) for my patient, [Patient's Full Name], who has been diagnosed with [specific condition] and would greatly benefit from this medication.

Due to [brief explanation of financial situation, insurance issues, or other barriers], [Patient's Name] is currently unable to afford the prescribed treatment. We kindly request your support in exploring potential avenues for obtaining financial assistance or coverage for this medication.

Please find enclosed [any relevant documents such as medical records, financial statements, or insurance information]. Your assistance in facilitating access to Xtandi for [Patient's Name] would make a significant difference in their treatment journey and overall well-being. Thank you for your attention to this matter. We look forward to your prompt response.

Sincerely,

[Your Name]  
[Your Title/Position]  
[Your Organization/Practice Name]  
[Contact Information]