

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

[Recipient's Name]
[Recipient's Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to prescribe Xtandi (enzalutamide) for [Patient's Full Name], who has been diagnosed with [specific diagnosis] as of [date of diagnosis]. After reviewing the patient's medical history and current condition, it is my professional opinion that Xtandi will be beneficial for their treatment.

Patient Details:

- Name: [Patient's Full Name]
- Date of Birth: [Patient's DOB]
- Medical Record Number: [Patient's MRN]

Dosage and Administration:

- Medication: Xtandi
- Dosage: [Dosage Information]
- Administration Route: [e.g., oral]
- Frequency: [e.g., once daily]

Indications: Xtandi is indicated for the treatment of [specific indications, e.g., metastatic castration-resistant prostate cancer].

Please do not hesitate to contact me if you have any questions regarding this prescription or the patient's treatment plan.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Medical Title and Specialty]
[Your Medical License Number]
[Your Practice Name]
[Your Practice Address]
[City, State, Zip Code]