

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Doctor's Name]
[Doctor's Office or Medical Facility Name]
[Address]
[City, State, Zip Code]

Dear [Doctor's Name],

I hope this message finds you well. I am writing to request a prescription for ZQuil, as I have been experiencing difficulties with sleep.

After trying various over-the-counter remedies without much success, I believe that ZQuil may help alleviate my sleep issues. I would appreciate your guidance on this and if deemed appropriate, a prescription for the medication.

Thank you for your attention to this matter. I look forward to your response.

Sincerely,

[Your Name]