Medication Approval Status

Date: [Insert Date]

To: [Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Email: [Patient's Email]

Phone: [Patient's Phone Number]

Dear [Patient's Name],

We are writing to inform you about the status of your recent medication approval request. After careful review, we are pleased to inform you that your request for [Medication Name] has been:

- **Approved:** Your prescription will be processed and available for pickup at your pharmacy.
- **Denied:** Unfortunately, your request has been denied due to [Reason for denial].
- **Pending:** We are still awaiting additional information, and we will notify you once a decision has been made.

If you have any questions regarding this decision or need further assistance, please feel free to contact our office at [Contact Number] or email us at [Contact Email].

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Position]

[Organization Name]

[Organization Address]

[City, State, Zip Code]