

Request for Correction of Medication Delivery

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Pharmacy Name]

[Pharmacy Address]

[City, State, Zip Code]

Dear [Pharmacy Manager's Name],

I am writing to request a correction regarding the delivery of my recent medication order made on [Insert Order Date]. Upon receiving the package, I noticed that the following discrepancies occurred:

- Medication name: [Incorrect Medication Name]
- Quantity: [Incorrect Quantity]
- Prescription Number: [Include if applicable]

As a result, I kindly ask for the correct medication to be delivered at your earliest convenience. Please find my correct prescription details below:

- Correct Medication Name: [Correct Medication Name]
- Required Quantity: [Correct Quantity]
- Prescription Number: [Include if applicable]

Your prompt attention to this matter would be greatly appreciated, as it is essential for my ongoing treatment. Thank you for your cooperation.

Sincerely,

[Your Name]