

Important Announcement: New Prescription Replacement Policy

Dear Valued Patients,

We hope this message finds you well. We are reaching out to inform you of our new prescription replacement policy, effective [insert date]. This policy has been put in place to better serve our patients and ensure a smooth process for prescription replacements.

Key Changes to the Policy:

- Prescriptions can be replaced within [insert time frame] of the original issue date.
- Replacements will be processed at no additional cost for the first instance.
- Subsequent replacements may be subject to a fee, depending on the circumstances.
- All replacement requests must be made through our designated channels, either via phone or our online portal.

We appreciate your understanding and cooperation as we implement this new policy. Our goal is to enhance your experience and provide you with the best care possible.

If you have any questions or concerns, please do not hesitate to reach out to our office at [insert contact information].

Thank you for your continued trust in our services.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]