

Prescription Replacement Policy Modification

Date: [Insert Date]

[Your Name]

[Your Title]

[Your Organization]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

Dear [Recipient's Name],

We are writing to inform you of an important modification to our Prescription Replacement Policy that is effective as of [Effective Date]. This change aims to enhance our service and better meet the needs of our valued clients.

Overview of Changes:

- Modification of eligibility criteria for prescription replacements.
- Introduction of a streamlined process for requesting replacements.
- Updated timelines for processing replacement requests.

We believe these adjustments will improve your experience and ensure timely access to your necessary medications. For detailed information regarding the updates, please refer to the attached document.

If you have any questions or require further clarification, do not hesitate to contact us at [Contact Information].

Thank you for your understanding and continued trust in our services.

Sincerely,

[Your Name]

[Your Title]