

# Notice of Prescription Replacement Policy

Date: [Insert Date]

Dear [Patient's Name],

We hope this message finds you well. We are writing to inform you about our updated policy regarding prescription replacement.

Effective [Insert Effective Date], our new prescription replacement policy will allow patients to request a replacement for lost or stolen prescriptions under specific conditions. Below are the key details of the policy:

- **Eligibility:** Replacements will be granted for a maximum of one prescription per year, subject to verification.
- **Documentation:** A police report must be submitted for stolen prescriptions.
- **Request Process:** Patients must contact our office within [Insert Time Frame] of the incident to initiate the replacement process.

We value your health and safety, and we aim to make this process as smooth as possible. If you have any questions or concerns regarding this policy, please do not hesitate to reach out to our office at [Insert Phone Number] or [Insert Email Address].

Thank you for your attention to this matter, and for choosing [Your Practice/Pharmacy Name] as your healthcare provider.

Sincerely,

[Your Name]

[Your Title]

[Your Practice/Pharmacy Name]

[Contact Information]