

Prescription Replacement Policy Summary

Date: [Insert Date]

Dear [Recipient's Name],

We are writing to inform you about our prescription replacement policy. This policy outlines the procedures for replacing lost, stolen, or damaged prescriptions to ensure you receive your medication without unnecessary delays.

Policy Highlights:

- Prescriptions can be replaced within a specified time frame of [Insert Time Frame] from the original date.
- Verification will be conducted to confirm the status of the original prescription.
- A replacement fee may apply in certain circumstances, detailed further in our terms and conditions.
- To request a replacement, please contact our customer service at [Insert Contact Information].

Thank you for your attention to this matter. We are committed to ensuring you have access to the medications you need.

Sincerely,

[Your Name]

[Your Title]

[Your Company]