

# Letter of Revision to Prescription Replacement Policy

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[Company/Organization Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are writing to inform you of a revision to our Prescription Replacement Policy, effective [effective date]. After careful consideration and feedback from our stakeholders, we have made adjustments to enhance our service and streamline the prescription replacement process for our valued patients.

## Key Changes Include:

- Increased number of prescription replacements allowed per year.
- Simplified application procedure for replacement requests.
- Changes in eligibility criteria to accommodate more patients.

These revisions aim to provide improved access and support to our patients in need of prescription replacements. A detailed outline of the updated policy is attached for your reference.

We appreciate your understanding and cooperation as we implement these changes. Should you have any questions or require further clarification, please do not hesitate to contact us at [contact information].

Thank you for your continued support.

Sincerely,

[Your Name]

[Your Title]

[Company/Organization Name]

[Contact Information]