

# Prescription Audit Compliance Request

**Date:** [Insert Date]

**To:** [Recipient's Name]

**Title:** [Recipient's Title]

**Organization:** [Recipient's Organization]

**Address:** [Recipient's Address]

Dear [Recipient's Name],

I hope this message finds you well. In line with our commitment to maintaining high standards of patient care and compliance with regulatory requirements, we are conducting a routine audit of prescription practices within our organization.

As part of this audit, we kindly request your cooperation in providing the following information:

- Details of all prescriptions dispensed from [Start Date] to [End Date]
- Verification of compliance with [specific regulations, guidelines, etc.]
- Any relevant documentation supporting prescription legality and appropriateness

We appreciate your prompt attention to this matter, and kindly ask that the requested information be submitted by [Due Date]. If you have any questions or require further clarification, please do not hesitate to reach out.

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]