

# Letter of Inquiry for Prescription Details

Date: \_\_\_\_\_

Your Name  
Your Address  
City, State, Zip Code  
Email Address  
Phone Number

Recipient Name  
Recipient Title  
Pharmacy/Health Institution Name  
Address  
City, State, Zip Code

Dear [Recipient Name],

I hope this message finds you well. I am writing to request information regarding my prescription details. Due to [reason for inquiry], I would like to ensure that my medication history is accurate and up to date.

Specifically, I would appreciate if you could share the following information:

- Prescription medications currently on record
- Doses and instructions for each medication
- Any refills remaining on each prescription

Your timely assistance with this matter would be greatly appreciated. If any further information is needed from my side, please do not hesitate to reach out.

Thank you for your attention to this request. I look forward to your prompt response.

Sincerely,

[Your Name]