

# Medication Refill Request

Date: [Insert Date]

To: [Doctor's Name]

[Doctor's Office or Clinic Name]

[Doctor's Office Address]

Dear [Doctor's Name],

I hope this message finds you well. I am writing to request a refill for my medication, [Medication Name], which I have been taking for my mental health support.

My current prescription is about to run out, and I would like to ensure that I maintain my treatment regimen without interruption. I have been following your guidance and am experiencing the expected benefits.

Please let me know if you require any additional information or if a follow-up appointment is necessary.

Thank you for your continued support.

Sincerely,

[Your Name]

[Your Phone Number]

[Your Email Address]