

Prescription Refill Request

Date: [Insert Date]

To: [Pharmacy Name]

Address: [Pharmacy Address]

Phone: [Pharmacy Phone Number]

Dear [Pharmacy Staff/Pharmacist Name],

I am writing to request a refill for my short-term medication prescribed by Dr. [Doctor's Name].
The medication details are as follows:

- **Patient Name:** [Your Name]
- **Medication Name:** [Medication Name]
- **Dosage:** [Dosage]
- **Prescribing Doctor:** Dr. [Doctor's Name]
- **Prescription Number:** [Prescription Number]
- **Remaining Refills:** [Number of Remaining Refills]

Please let me know if you need any further information to process this request. Thank you for your assistance.

Sincerely,

[Your Name]

[Your Contact Information]

[Your Address]