

Date: [Insert Date]

Dr. [Doctor's Name]

[Doctor's Office Address]

[City, State, Zip Code]

Dear Dr. [Doctor's Last Name],

I hope this message finds you well. I am writing to request a prescription refill for my medication, [Medication Name], which I am due to run out of on [Expiration Date]. Before I can proceed with the refill, I understand that I need to schedule an appointment with you.

Please let me know your available dates and times for the appointment. I appreciate your assistance in this matter and look forward to your prompt response.

Thank you for your attention.

Sincerely,

[Your Name]

[Your Contact Information]