Prescription Refill Request

Date: [Insert Date]

To: [Doctor's Name]

From: [Patient's Name]

Patient ID: [Insert Patient ID]

Phone Number: [Insert Phone Number]

Email: [Insert Email]

Dear [Doctor's Name],

I hope this message finds you well. I am writing to request a refill for my prescription for [Medication Name] and to discuss a potential change in my medication. I would like to change my prescription to [New Medication Name], as [brief reason for change].

My current prescription details are as follows:

- **Medication:** [Current Medication Name]
- **Dosage:** [Current Dosage]
- **Pharmacy:** [Pharmacy Name and Address]

Thank you for considering my request. Please let me know if you need additional information or if we need to schedule an appointment to discuss this further.

Sincerely,

[Patient's Name]