

Prescription Refill Request

Date: **[Insert Date]**

To: **[Pharmacy Name]**

Address: **[Pharmacy Address]**

Dear [Pharmacist's Name],

I am writing to request a refill of my prescription for **[Medication Name]**, prescribed by Dr. **[Doctor's Name]**, as I will be traveling from **[Start Date]** to **[End Date]**. I want to ensure that I have enough medication during my trip.

Patient Name: **[Your Name]**

Date of Birth: **[Your DOB]**

Prescription Number: **[Prescription Number]**

Phone Number: **[Your Phone Number]**

Please let me know if you need any further information to process this request. I appreciate your assistance and look forward to your prompt response.

Thank you.

Sincerely,

[Your Name]

[Your Signature (if sending by mail)]