

Mail-Order Prescription Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]

[Pharmacy Name]

[Pharmacy Address]

[City, State, Zip Code]

Dear [Pharmacy Name/Pharmacist],

I am writing to request a mail-order prescription for the following medication:

Medication Name Dosage Quantity Refills

[Medication Name] [Dosage] [Quantity] [Refills]

Please send the prescription to the following address:

[Your Mailing Address]

If you require any further information or documentation, please feel free to contact me at the phone number or email address provided above.

Thank you for your assistance.

Sincerely,

[Your Name]