

New Patient Prescription Request

Date: [Insert Date]

To: [Pharmacy Name]

Address: [Pharmacy Address]

Phone: [Pharmacy Phone Number]

Email: [Pharmacy Email]

Dear [Pharmacy Name],

I hope this message finds you well. I am writing to request a prescription for a new patient, [Patient's Full Name], who has recently joined our practice.

Patient Details:

- Name: [Patient's Full Name]
- Date of Birth: [Patient's Date of Birth]
- Address: [Patient's Address]
- Contact Number: [Patient's Contact Number]

Prescribing Physician:

- Name: [Physician's Name]
- Contact: [Physician's Phone Number]
- Email: [Physician's Email]

Prescription Information:

- Medication Name: [Name of Medication]
- Dosage: [Dosage Instructions]
- Refills: [Number of Refills]

Please do not hesitate to contact me if you need further information regarding this patient or the prescription.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Title]

[Your Practice Name]

[Your Contact Information]