

Prescription Status Inquiry

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Pharmacy Name]

[Pharmacy Address]

[City, State, Zip Code]

Dear [Pharmacy Manager/Pharmacist Name],

I hope this message finds you well. I am writing to inquire about the status of my prescription for [Medication Name] prescribed by [Prescribing Doctor's Name] on [Date of Prescription].

My details are as follows:

- **Name:** [Your Full Name]
- **Date of Birth:** [Your Date of Birth]
- **Prescription Number:** [Prescription Number]

I would appreciate it if you could provide me with an update regarding the availability or any potential issues regarding my prescription.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]