

Prescription Error Resolution Request

Date: [Insert Date]

To: [Pharmacy Name]

[Pharmacy Address]

[City, State, Zip Code]

Dear [Pharmacy Manager's Name],

I hope this message finds you well. I am writing to formally request a resolution regarding a prescription error I encountered with my recent medication order.

Details of the Prescription:

- Patient Name: [Your Name]
- Prescription Date: [Date of Prescription]
- Medication Name: [Medication Name]
- Prescription Number: [Prescription Number]

Upon receiving my medication, I noticed that [describe the error, e.g., incorrect dosage, wrong medication, etc.]. This discrepancy has raised concerns regarding my treatment plan and overall health.

I kindly request that you review this matter at your earliest convenience and provide a resolution. If necessary, I am available for a discussion or a visit to clarify any details.

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

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]