

Prescription Confirmation

Dear [Patient's Name],

We are writing to confirm your recent prescription for medication. Below are the details:

Medication Details

- Medication Name: [Medication Name]
- Dosage: [Dosage]
- Quantity: [Quantity]
- Directions: [Directions for Use]
- Prescribing Doctor: [Doctor's Name]

Please ensure to follow the prescription as directed and feel free to reach out if you have any questions or concerns.

Thank you,

[Your Clinic/Hospital Name]

[Contact Information]

[Date]