

# Prescription Refill Update

Date: [Insert Date]

Dear [Patient's Name],

We hope this message finds you well. This is to inform you that your prescription for [Medication Name] has been updated.

## Details of Your Prescription:

- Medication: [Medication Name]
- Dosage: [Dosage Information]
- Refills Available: [Number of Refills]
- Next Refill Due: [Refill Date]

If you have any questions or concerns regarding your prescription or need further assistance, please do not hesitate to reach out to our office.

Thank you for choosing [Pharmacy/Healthcare Provider Name].

Sincerely,

[Your Name]

[Your Title]

[Pharmacy/Healthcare Provider Name]

[Contact Information]