

# Pharmacy Order Revision

Date: [Insert Date]

To: [Pharmacy Name]

Address: [Pharmacy Address]

Attention: [Pharmacist's Name]

Dear [Pharmacist's Name],

We are writing to request a revision of our recent pharmacy order placed on [Insert Order Date]. After careful review, we have identified the following changes that need to be made:

- Item: [Insert Item Name] - Change from [Old Quantity] to [New Quantity]
- Item: [Insert Item Name] - Change from [Old Dosage] to [New Dosage]
- Item: [Insert Item Name] - Remove from order

We apologize for any inconvenience this may cause and appreciate your prompt attention to this matter. Please confirm the revisions at your earliest convenience.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Position]

[Your Company/Organization]

[Contact Information]