

Pharmacy Prescription Modification Request

Date: [Insert Date]

To: [Pharmacy Name]

Address: [Pharmacy Address]

From: [Your Name]

Contact Information: [Your Phone Number, Email Address]

Subject: Request for Modification of Prescription

Dear [Pharmacist's Name],

I hope this message finds you well. I am writing to formally request a modification to my prescription originally filled on [original fill date] under the name [Your Name] and prescription number [Prescription Number].

The requested modifications are as follows:

- **Medication Name:** [Medication Name]
- **Dosage Change:** [Specify Desired Dosage]
- **Instructions:** [Specify New Instructions]

This modification is necessary due to [brief reason for request, e.g., side effects, doctor's advice]. I kindly ask that you process this request at your earliest convenience.

Thank you for your attention to this matter. Should you need any further information or clarification, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Name]