

Pharmacy Prescription Refill Adjustment

Date: [Insert Date]

To: [Patient's Name]

[Patient's Address]

[City, State, ZIP Code]

Dear [Patient's Name],

We are writing to inform you about a recent adjustment made to your prescription refill for [Medication Name].

Details of the adjustment are as follows:

- **Prescription Number:** [Insert Prescription Number]
- **Prescribing Doctor:** [Doctor's Name]
- **Original Refill Request Date:** [Original Date]
- **Adjusted Refill Date:** [New Refill Date]
- **Quantity Refilled:** [Refilled Quantity]

If you have any questions regarding this adjustment or any other concerns, please do not hesitate to contact us at [Pharmacy Phone Number] or visit us at [Pharmacy Address].

Thank you for choosing [Pharmacy Name] for your healthcare needs.

Sincerely,

[Your Name]

[Your Title]

[Pharmacy Name]

[Pharmacy Contact Information]