

Prescription Renewal Request for Allergy Medication

Date: [Insert Date]

To: [Doctor's Name]

[Doctor's Office Name]

[Office Address]

[City, State, Zip Code]

Dear [Doctor's Name],

I hope this message finds you well. I am writing to request a renewal of my prescription for [Medication Name] for my allergy treatment. My prescription is set to expire on [Expiration Date].

Since my last visit, I have been following the treatment plan and have experienced [briefly describe any relevant improvements or concerns]. I believe that continuing this medication is important for my ongoing health.

Please let me know if you need any further information or if you would like to schedule an appointment to discuss this matter. I appreciate your assistance.

Thank you for your attention to this request.

Sincerely,

[Your Name]

[Your Contact Information]

[Your Address]

[City, State, Zip Code]