

# Prescription Renewal Request

Date: [Insert Date]

To: [Doctor's Name]

[Doctor's 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 asthma medication.

My current medication is [Name of Medication] and my prescription is set to expire on [Expiration Date]. I have been using this medication as directed and have found it to be effective in managing my asthma symptoms.

If necessary, I would be happy to schedule an appointment for a follow-up consultation. Please let me know if you need any further information.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]