

# Prescription Renewal Request

Date: [Insert Date]

To: [Doctor's Name]

[Doctor's 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 blood pressure medication, which is due to expire soon. My current medication is [Medication Name, Dosage], and it has been effective in managing my blood pressure.

To ensure that I have a continuous supply of my medication, I would greatly appreciate it if you could authorize a renewal at your earliest convenience.

Please let me know if you require any additional information or if an appointment is necessary for this renewal.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Contact Information]

[Your Address]