

# 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 [Medication Name] (Dosage: [Dosage]) as I am nearing the end of my current supply. My patient ID is [Patient ID], and I have been under your care for [Length of Time].

This medication has been essential in managing my mental health, and I appreciate your ongoing support in my treatment plan. I would like to confirm that I have been adhering to the prescribed dosage and have experienced [any relevant progress or side effects].

If there are any forms or additional information you need from me to facilitate this renewal, please let me know. I would appreciate your prompt attention to this request so that I can continue my treatment without interruption.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]