

Prescription Renewal Request

Date: [Insert Date]

To: [Doctor's Name]

[Doctor's Office Address]

Dear Dr. [Doctor's Last Name],

I hope this message finds you well. I am writing to request a renewal of my prescription for thyroid medication, [Insert Medication Name], which I have been taking to manage my thyroid condition.

My current prescription is set to expire on [Insert Expiration Date], and I would like to ensure that I do not experience any interruptions in my treatment.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Contact Information]

[Your Address]