

Prescription Refill Instructions

Dear [Patient's Name],

Welcome to our practice! We are glad to have you as our patient. Below are the instructions for refilling your prescriptions:

Refill Instructions:

1. Once you receive your prescription, please keep it in a safe place.
2. To request a refill, contact our office by phone at [Office Phone Number] or use our online patient portal.
3. Refills can be requested up to [Number of Days] days before your medication runs out.
4. Please allow [Number of Business Days] business days for processing your refill.
5. If you have questions regarding your medication, do not hesitate to reach out to our staff.

Important Information:

Please ensure that we have your current insurance information on file to avoid any delays in your prescriptions. If you experience any side effects or have concerns about your medication, please contact us immediately.

Thank you for choosing [Practice Name]. We look forward to caring for your health!

Sincerely,

[Your Name]
[Your Title]
[Practice Name]
[Contact Information]