

Prescription Refill Status Check

Date: [Insert Date]

Dear [Pharmacy Name/Provider's Name],

I hope this message finds you well. I am writing to check the status of my prescription refill for [Medication Name] associated with my ongoing treatment. My patient information is as follows:

- Name: [Your Name]
- Date of Birth: [Your Date of Birth]
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As my treatment relies on this medication, I would appreciate it if you could update me regarding the refill status at your earliest convenience.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Contact Information]