

Prescription Adjustment Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]

Pharmacy Name

Pharmacy Address

City, State, Zip Code

Dear [Pharmacy Manager's Name],

I hope this message finds you well. I am writing to request an adjustment to my recent prescription for [Medication Name], originally prescribed by Dr. [Doctor's Name] on [Prescription Date]. The prescription number is [Prescription Number].

Upon reviewing my medication and treatment plan, I believe that an adjustment is necessary due to [reason for adjustment, e.g., dosage change, side effects, etc.]. I would appreciate your assistance in making the appropriate changes to my prescription.

Thank you for your prompt attention to this matter. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you require any additional information.

Sincerely,

[Your Name]