

Prescription Cancellation Confirmation

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient Address: [Insert Patient Address]

Prescription Number: [Insert Prescription Number]

Dear [Insert Patient Name],

We are writing to confirm the cancellation of your prescription (Prescription Number: [Insert Prescription Number]) as requested. Please note that no medication will be dispensed, and your prescription has been removed from our system.

If you have any questions or require further assistance, feel free to contact us at [Insert Pharmacy Phone Number] or visit our pharmacy.

Thank you for choosing [Insert Pharmacy Name].

Sincerely,

[Insert Pharmacist Name]

[Insert Pharmacy Name]

[Insert Pharmacy Address]

[Insert Pharmacy Phone Number]