

# Prescription Status Inquiry

Date: [Insert Date]

To: [Pharmacy Name]

[Pharmacy Address]

[City, State, Zip Code]

Dear [Pharmacy Manager's Name],

I hope this message finds you well. I am writing to inquire about the status of my prescription. The details are as follows:

- **Patient Name:** [Your Name]
- **Prescription Number:** [Prescription Number]
- **Date Prescribed:** [Date of Prescription]
- **Medication Name:** [Medication Name]

I would appreciate any updates regarding the processing of this prescription and if there are any issues I should be aware of.

Thank you for your assistance. I look forward to your prompt reply.

Sincerely,

[Your Name]

[Your Contact Information]