Date: [Insert Date]

To: [Doctor's Name/Clinic Name]
Address: [Clinic Address]
Phone: [Clinic Phone Number]

Subject: URGENT: Appointment Rescheduling and Prescription Refill Request

Dear [Doctor's Name/Staff],

I am writing to request an urgent rescheduling of my appointment originally set for [Original Date] at [Original Time]. Due to [briefly mention reason: e.g., an unexpected emergency/illness], I am unable to attend at that time.

I am requesting the earliest possible alternative date, as I am currently running low on my essential medication: [Name of Medication].

My current supply will run out on [Date of Last Dose]. Because I cannot miss a dose of this medication, I kindly ask for one of the following:

- An urgent opening in your schedule before [Date].
- A short-term refill/bridge prescription sent to my pharmacy to cover me until my new appointment date.

Pharmacy Information:
Name: [Pharmacy Name]
Phone: [Pharmacy Phone Number]

Please let me know as soon as possible when I can be seen or if the refill has been approved. I can be reached at [Your Phone Number].

Thank you for your immediate assistance with this matter.

Sincerely,

[Your Name]
[Your Date of Birth]
[Your Patient ID, if known]