[Doctor's Name]
[Clinic/Hospital Name]
[Clinic Address]
[City, State, Zip Code]
[Date]

Patient Name: [Patient Name]
Date of Birth: [DOB]
Patient ID: [ID Number]

Dear [Doctor's Name],

I am writing to request a review and renewal of my current medication following the completion of my recent examination period. Now that the academic/professional testing phase has concluded, I would like to discuss adjusting my dosage or returning to my maintenance schedule.

Current Medication Details:

- Medication Name: [Name]
- Current Dosage: [Dosage used during exams]
- Requested Adjustment: [Proposed dosage change]

During the exam period, I observed the following [symptoms/side effects/benefits]:
[Briefly describe your experience].

I would like to request a new prescription to cover the next [number] months. Please let me know if a follow-up appointment is required or if the prescription can be sent directly to my pharmacy:

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

Thank you for your time and continued care.

Sincerely,

[Patient Signature]
[Patient Printed Name]
[Phone Number]