[Pharmacy Name]
[Pharmacy Address]
[Phone Number]
[Date]

[Patient Name]
[Patient Address]
[Patient City, State, Zip]

Subject: Notification of Prescription Refill Approval

Dear [Patient Name],

We are writing to inform you that your request for a prescription refill has been approved by your healthcare provider and processed by our pharmacy.

Prescription Details:

- **Medication Name:** [Medication Name and Strength]
- **Prescription Number (RX#):** [RX Number]
- **Quantity:** [Quantity Approved]
- **Refills Remaining:** [Number]

Status: Your medication is now ready for [pickup/delivery].

If you have opted for home delivery, your order was shipped on [Date] via [Carrier Name] with tracking number [Tracking Number].

Please remember to consult with your pharmacist if you have any questions regarding how to take this medication or if you experience any side effects.

Thank you for choosing [Pharmacy Name] for your healthcare needs.

Sincerely,

[Pharmacist Name/Signature]
[Pharmacy Name]