Date: [Current Date]

To: [Doctor Name / Clinic Name]
Fax/Email: [Doctor's Fax or Email]
From: [Patient Name]
Date of Birth: [Patient Date of Birth]

Subject: Request for Extended Prescription Refill for Upcoming Travel

Dear Dr. [Doctor Last Name],

I am writing to request an extended supply of my current medications due to an upcoming vacation. I will be traveling from [Start Date] to [End Date], and I will be away for a total of [Number] days.

To ensure I have an uninterrupted supply while abroad, I am requesting a [Number, e.g., 90-day] supply for the following medication(s):

- [Medication Name and Dosage]
- [Medication Name and Dosage]

I have confirmed with my insurance provider that they allow a "vacation override" for this supply. Please send the updated prescription(s) to the pharmacy listed below:

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

If you have any questions or need further information, please contact me at [Your Phone Number]. Thank you for your assistance in ensuring my health while I travel.

Sincerely,

[Patient Signature]
[Patient Printed Name]