To: [Pharmacy Name / Insurance Provider]

From: [Your Full Name]

Date: [Current Date]

Subject: Request for Emergency Refill Authorization - Lost Medication

Dear Pharmacist/Representative,

I am writing to formally request an early refill authorization for my maintenance medication. Unfortunately, my current supply has been lost due to [briefly state reason, e.g., travel loss, accidental disposal, or damage].

The details of the prescription are as follows:

- **Medication Name:** [Name of Drug]
- **Prescription Number (Rx #):** [Number on Label]
- **Prescribing Physician:** [Doctor's Name]
- **Original Fill Date:** [Date]

This is a maintenance medication required for my daily health management. I understand that this may be an early refill request, and I am prepared to provide any further documentation required by my insurance or your facility to process this override.

Please contact me at [Your Phone Number] or [Your Email Address] once the authorization is approved or if you require additional information.

Thank you for your immediate assistance with this matter.

Sincerely,

[Your Signature]

[Your Printed Name]
[Your Date of Birth]
[Insurance Member ID Number]