Date: [Insert Date]

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

From: [Your Full Name]
Date of Birth: [Your Date of Birth]
Patient ID: [Optional - Patient ID Number]

Subject: Request for Replacement of Stolen Controlled Substance Prescription

Dear Dr. [Doctor's Last Name],

I am writing to formally request a replacement for my prescription of [Name of Medication], which was recently stolen. I understand the strict regulations regarding controlled substances and have taken the necessary steps to document this incident.

Details of the incident:

- **Date of Theft:** [Date]
- **Location:** [Location, e.g., Residence, Vehicle]
- **Police Department Notified:** [Name of Police Department]
- **Police Report Number:** [Insert Case Number]

Attached to this letter, please find a copy of the official police report for your records. I have also notified my pharmacy, [Pharmacy Name], regarding the theft of this medication.

I am currently without my required dosage and am requesting a bridge prescription or a full replacement to ensure my treatment plan is not interrupted. I am available to meet for an in-person evaluation if required by clinic policy before a new script can be issued.

Thank you for your assistance and understanding in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]
[Your Phone Number]