Date: [Insert Date]

To: [Pharmacist Name or Pharmacy Name]
Address: [Pharmacy Address]
Phone Number: [Pharmacy Phone Number]

Subject: Request for Replacement of Stolen Medication

Dear Pharmacist,

I am writing to formally notify you that my prescription medication was stolen on [Date of Theft]. I am requesting a replacement fill for this medication before the scheduled refill date.

Medication Details:

- **Medication Name:** [Insert Medication Name]
- **Prescription Number (Rx#):** [Insert Rx Number]
- **Prescribing Physician:** [Insert Doctor's Name]

Supporting Documentation:

I have reported this incident to the local authorities. Please find the details below:

- **Police Department:** [Insert Name of Police Department]
- **Police Report Number:** [Insert Case/Report Number]
- **Date Reported:** [Insert Date of Report]

I understand that insurance overrides or physician authorization may be required for an early refill. Please let me know what further steps I need to take to process this replacement as soon as possible.

Thank you for your assistance in this matter.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Date of Birth]
[Your Phone Number]