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Date: [Date]

TO: [Pharmacy Name]
ATTN: Pharmacist-in-Charge
RE: Replacement Authorization for Schedule II Controlled Substance

Patient Name: [Patient Full Name]
Patient Date of Birth: [DOB]
Original Prescription Number (if known): [Rx Number]
Medication: [Drug Name and Strength]

Dear Pharmacist,

This letter serves as formal authorization to replace a previously issued Schedule II prescription for the patient listed above. The original medication was reported stolen on [Date].

I have reviewed the following documentation regarding this loss:

- Police Report Number: [Report Number]
- Precinct/Agency: [Police Department Name]

I have verified the circumstances and determined that a replacement is medically necessary. I have issued a new electronic/written prescription for a [Number of Days]-day supply. Please process this replacement as an exception to the standard refill interval.

If you have any questions regarding this authorization, please contact my office directly at [Phone Number].

Sincerely,

[Physician Signature]
[Physician Name, MD/DO]
DEA Number: [DEA Number]
NPI Number: [NPI Number]
Clinic Name: [Clinic Name]