Current Date: [Insert Date]

To: [Name of Insurance Provider or Pharmacy Name]
Attn: Pharmacy Benefits/Claims Department
[Address line 1]
[Address line 2]

RE: Request for Replacement of Stolen Prescription Medication

To Whom It May Concern,

I am writing to formally request an emergency replacement for my prescription medication, [Name of Medication], which was recently stolen.

Details of the prescription are as follows:

- **Patient Name:** [Your Full Name]
- **Date of Birth:** [Your Date of Birth]
- **Prescription Number (Rx#):** [Insert Rx Number]
- **Prescribing Physician:** [Doctor's Name]

Attached to this letter, please find a copy of the official Police Report documenting the theft. The details of the report are:

- **Police Department:** [Name of Department]
- **Report Case Number:** [Insert Case Number]
- **Date of Incident:** [Insert Date of Theft]

Because this medication is essential for my ongoing medical treatment, I request an immediate override for an early refill or a replacement claim approval. If any further documentation is required from my physician or the reporting officer, please notify me immediately.

Thank you for your prompt attention to this urgent matter.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Phone Number]
[Your Policy/Member ID Number]

Enclosure: Copy of Police Report