Date: [Date]

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

Subject: Authorization for Replacement of Lost Non-Controlled Prescription

Dear Pharmacist,

I am writing to formally authorize a replacement refill for the following non-controlled medication:

- **Patient Name:** [Patient Full Name]
- **Date of Birth:** [MM/DD/YYYY]
- **Medication Name:** [Medication Name and Strength]
- **Original Prescription Number:** [RX Number, if known]

The patient has reported that the original supply of this medication was lost or destroyed. As the prescribing healthcare provider, I authorize a one-time early refill of a [Number of Days]-day supply to ensure there is no interruption in the patient's treatment plan.

Please note that this is a **non-controlled substance**. Please process this request through the patient's insurance or as a cash pay option as per their preference.

If you have any questions or require further verification, please contact my office at [Provider Phone Number].

Sincerely,

[Physician/Provider Signature]

[Physician/Provider Printed Name]
[Clinic/Practice Name]
[NPI Number]
[License Number]