[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Subject: Approval of Exception for Stolen Prescription Replacement

Dear [Patient Name],

We have received your request for an early refill of your medication, [Medication Name], following the theft of your current supply. We have reviewed the documentation provided, including the police report filed on [Date of Report].

Based on this information, [Clinic Name] has approved a one-time exception to our standard prescription refill policy. Your replacement prescription has been sent to [Pharmacy Name].

Please note the following conditions regarding this exception:

- This is a one-time replacement approval.
- Future requests for early refills due to loss or theft may require further clinical review and may not be guaranteed.
- Please ensure your medications are stored in a secure location moving forward.

If you have any questions, please contact our office at [Phone Number].

Sincerely,

[Doctor/Provider Name]
[Clinic Name]