

Pharmacy License Verification

Date: [Insert Date]

To Whom It May Concern,

This letter is to formally verify the pharmacy license of [Pharmacy Name] located at [Pharmacy Address]. The pharmacy is currently licensed under the laws of [State] and holds the license number [License Number], which was issued on [Issue Date].

The license is valid until [Expiration Date] and is in good standing without any disciplinary actions or violations.

Please feel free to contact our office at [Contact Number] or [Email Address] for any further information or clarification regarding this matter.

Thank you for your attention.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Organization Address]

[Your Organization Phone]