

# Pharmacy License Verification

Date: [Insert Date]

[Recipient Name]

[Recipient Title]

[Regulatory Agency Name]

[Agency Address Line 1]

[Agency Address Line 2]

[City, State, Zip Code]

Dear [Recipient Name],

We are writing to verify the licensing status of [Pharmacy Name], located at [Pharmacy Address]. This verification is requested as part of our regulatory compliance process.

According to our records, [Pharmacy Name] is currently licensed under the license number [License Number]. The license is valid until [Expiration Date]. We affirm that the pharmacy operates in accordance with all applicable laws and regulations.

Please feel free to contact us at [Your Phone Number] or [Your Email Address] should you require any further information or clarification.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Address]

[City, State, Zip Code]