

Authorization Letter

Date: [Insert Date]

To Whom It May Concern,

This letter is to formally authorize [Recipient's Name], holding identification number [ID Number], to retrieve drug samples on behalf of [Your Company/Organization Name].

Details of the drug samples to be retrieved:

- Drug Name: [Insert Drug Name]
- Quantity: [Insert Quantity]
- Batch Number: [Insert Batch Number]

Please provide [Recipient's Name] with the necessary assistance to complete this process smoothly. This authorization is valid until [Insert Expiration Date].

Should you have any questions or require further confirmation, please feel free to contact me at [Your Contact Information].

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Position]

[Your Company/Organization Name]

[Your Contact Information]