

Authorization for Return of Drug Samples

Date: _____

To: [Recipient Name]

[Recipient Address]

[City, State, Zip Code]

Dear [Recipient Name],

I, [Your Name], as the authorized representative of [Your Organization/Company Name], hereby authorize the return of the drug samples listed below:

- Drug Name: _____
- Quantity: _____
- Batch Number: _____
- Expiration Date: _____

Please ensure that the samples are returned to the following address:

[Your Organization/Company Name]

[Your Address]

[City, State, Zip Code]

Should you have any questions or require further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Organization/Company Name]