

# Prescription Drug Marketing Consent Request

Date: [Insert Date]

To: [Recipient's Name]  
[Recipient's Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

We hope this message finds you well. We are reaching out to seek your consent regarding the marketing of prescription drugs. As part of our commitment to responsible marketing practices, we would like your permission to include your information in our marketing communications.

By granting us your consent, you will receive updates on new drugs, industry news, and promotions that may be of interest to you. Your information will be handled with the utmost care and will not be shared with third parties without your explicit consent.

If you agree to this request, please sign and return the attached consent form by [Insert Deadline]. If you have any questions or concerns, feel free to contact us at [Insert Contact Information].

Thank you for considering this request. We look forward to your favorable response.

Sincerely,

[Your Name]  
[Your Title]  
[Your Company]  
[Your Contact Information]

Attachment: Consent Form