

Prescription Collection Approval Letter

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Pharmacy Name]
[Pharmacy Address]
[City, State, Zip Code]

Dear [Pharmacist's Name],

I, [Your Full Name], hereby authorize [Authorized Person's Name] to collect my prescription on my behalf. My date of birth is [Your Date of Birth], and my prescription number is [Prescription Number].

[Authorized Person's Name] has my permission to act on my behalf in regard to this prescription only. Please allow them to collect it at your earliest convenience.

Thank you for your assistance.

Sincerely,

[Your Signature (if submitting a hard copy)]
[Your Printed Name]