

Letter of Authorization for Prescription Pickup

Date: _____

To Whom It May Concern,

I, [Your Full Name], hereby authorize [Authorized Person's Full Name] to pick up my prescription on my behalf. My prescription is under the name [Your Full Name] and can be found at [Pharmacy Name and Address].

Please find the details of the prescription below:

- Prescription Number: _____
- Medication Name: _____
- Prescribing Doctor: _____

Thank you for your assistance in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Contact Information]