

Authorization for Prescription Pickup

Date: _____

To Whom It May Concern,

I, **[Your Full Name]**, born on **[Your Date of Birth]**, hereby authorize **[Authorized Person's Full Name]** to pick up my prescription on my behalf from **[Pharmacy Name]**.

Prescription details:

- Prescription Number: **[Prescription Number]**
- Medication: **[Medication Name]**
- Doctor's Name: **[Doctor's Name]**

This authorization is valid until **[Expiration Date]**.

Thank you for your assistance.

Sincerely,

[Your Full Name]

[Your Address]

[Your Phone Number]

[Your Email Address]