

Date: [Insert Date]

To Whom It May Concern,

This letter serves to confirm that [Designated Person's Name] has been authorized to collect medications on behalf of [Patient's Name].

Details of the patient:

- Patient's Name: [Patient's Name]
- Patient's Date of Birth: [DOB]
- Prescription Number: [Prescription Number]

Designated Person's Details:

- Name: [Designated Person's Name]
- Relationship to Patient: [Relationship]
- Contact Number: [Contact Number]

Please allow [Designated Person's Name] to collect the medications as they will present this confirmation along with their identification.

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Position]

[Your Contact Information]