

Consent Letter for Medication Retrieval

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], residing at [Your Address], hereby give my consent to [Recipient's Full Name] to retrieve my medications on my behalf from [Pharmacy Name/Location].

My date of birth is [Your Date of Birth], and my prescription information is as follows:

- Medication Name: [Name of Medication]
- Prescription Number: [Prescription Number]

This consent is valid for the period of [Start Date] to [End Date]. Please allow [Recipient's Full Name] to collect my medications during this time.

Thank you for your assistance.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Contact Information]