

Delegation Letter for Fetching Prescriptions

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Pharmacy Name]

[Pharmacy Address]

[City, State, Zip Code]

Dear [Pharmacy Name/Pharmacist's Name],

I, [Your Name], hereby delegate [Delegate's Name] to fetch my prescriptions on my behalf. This delegation is effective for the period of [start date] to [end date].

The necessary prescription details are as follows:

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

[Delegate's Name] will present identification upon arrival.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]