

# Endorsement Letter for Prescription Retrieval

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], residing at [Your Address], am writing to formally endorse the retrieval of my pharmacy prescription. I hereby authorize [Pharmacy Name] to release my prescription information to [Recipient's Name], who will be acting on my behalf.

Details of the Prescription:

- Patient Name: [Patient's Full Name]
- Prescription Number: [Prescription Number]
- Date of Issue: [Date of Prescription]
- Pharmacy Name: [Pharmacy Name]

I appreciate your cooperation in this matter and trust that my prescription will be handled with confidentiality and care.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Contact Information]