

Permission Letter for Designated Prescription Collection

Date: _____

To Whom It May Concern,

I, [Your Name], residing at [Your Address], hereby give permission to [Designated Person's Name], to collect my prescription on my behalf. This permission is granted for the prescription dated [Prescription Date] from [Pharmacy Name].

Please find the necessary details below:

- Patient Name: [Your Name]
- Patient Date of Birth: [Your Date of Birth]
- Prescription Number: [Prescription Number]
- Designated Person's Relationship to Patient: [Relationship]

This letter is valid for [Time Period of Validity] from the date above. I appreciate your assistance in this matter.

Thank you.

Sincerely,

[Your Signature (if required)]

[Your Printed Name]

[Your Contact Information]