

# Medication Pickup Authorization Letter

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], authorize [Representative's Full Name] to pick up my medication on my behalf from [Pharmacy Name].

Details of the medication:

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

My contact information is as follows:

Phone: [Your Phone Number]

Email: [Your Email Address]

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Address]

[Your Date of Birth]