

Prescription Pickup Validation Letter

Date: [Insert Date]

To Whom It May Concern,

This letter is to confirm that **[Proxy's Name]** is authorized to pick up my prescription on my behalf. My name is **[Patient's Name]**, and my date of birth is **[Patient's Date of Birth]**.

Please allow **[Proxy's Name]** to collect my prescription at your pharmacy.

If you have any questions or require further verification, please do not hesitate to contact me at **[Your Phone Number]** or **[Your Email Address]**.

Thank you for your attention to this matter.

Sincerely,

[Patient's Signature (if required)]

[Patient's Printed Name]