

Pharmaceutical Pick-Up Authorization for Controlled Substances

Date: _____

To Whom It May Concern,

I, **[Your Name]**, am the authorized representative of **[Your Organization/Company Name]**, located at **[Your Address]**.

This letter serves to authorize **[Pick-Up Person's Name]**, holding identification number **[ID Number]**, to pick up controlled substances on behalf of our organization. The details of the substances are as follows:

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

Kindly allow **[Pick-Up Person's Name]** to collect the items listed above. For any inquiries, please contact me at **[Your Phone Number]** or **[Your Email Address]**.

Thank you for your cooperation.

Sincerely,

[Your Name]
[Your Position]
[Your Organization/Company Name]
[Your Contact Information]