

Pharmaceutical Pick-Up Authorization Letter

Date: _____

To Whom It May Concern,

I, **[Your Full Name]**, hereby authorize my family member, **[Family Member's Full Name]**, to pick up my prescription medications on my behalf.

My date of birth is **[Your Date of Birth]**, and my prescription number is **[Prescription Number]**.

Thank you for your assistance in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Address]

[Your Phone Number]

[Your Email Address]