

Pick-Up Authorization Letter

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], hereby authorize my friend, [Friend's Full Name], to pick up my prescription medication on my behalf. My prescription is for [Medication Name], located at [Pharmacy Name and Address].

My identification details are as follows:

- Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Prescription Number: [Insert Prescription Number]

[Friend's Full Name] can be reached at [Friend's Contact Information] for any inquiries.

Thank you for your assistance in this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]