

Pharmaceutical Pick-Up Authorization

Date: [Insert Date]

To Whom It May Concern,

This letter authorizes [Name of Authorized Person], holding identification number [ID Number], to pick up pharmaceutical products on behalf of [Healthcare Provider's Name].

Details of the order are as follows:

- Order Number: [Insert Order Number]
- Products: [List of Products]
- Quantity: [Insert Quantity]

Thank you for your cooperation. Should you have any questions, please do not hesitate to contact us at [Healthcare Provider's Phone Number] or [Email Address].

Sincerely,

[Your Name]

[Your Position]

[Healthcare Provider's Name]

[Healthcare Provider's Address]