

[Date]

[Patient Full Name]

[Patient Date of Birth]

[Patient Address]

**To Whom It May Concern:**

I am the prescribing physician for [Patient Full Name]. This letter serves as an official authorization for an emergency supply of the following medication(s):

- **Medication Name:** [Drug Name and Strength]
- **Dosage Instructions:** [Instructions, e.g., 1 tablet daily]
- **Quantity Authorized:** [Number of days or units]
- **ICD-10 / Diagnosis:** [Reason for medication]

The patient requires an immediate emergency supply due to [Reason: e.g., lost medication, travel delays, pharmacy error, or natural disaster]. Interruption of this treatment poses a significant risk to the patient's health.

I authorize the pharmacist to dispense the amount specified above. Please contact my office at [Phone Number] if you require further verification or a formal prescription follow-up.

Thank you for your assistance in ensuring the continuity of care for this patient.

Sincerely,

[Physician Signature]

[Physician Printed Name]

[Medical License Number / NPI Number]

[Clinic/Hospital Name]

[Phone Number]