

Date: [Insert Date]

To: [Pharmacist Name/Pharmacy Name]

Address: [Pharmacy Address]

Phone: [Pharmacy Phone Number]

Subject: Urgent Authorization for Medication Supply

To Whom It May Concern,

I, [Your Full Name], date of birth [Your Date of Birth], hereby authorize [Authorized Person's Name], holding [ID Type, e.g., Driver's License] number [ID Number], to act on my behalf to collect my urgent medication supply.

Medication Details:

- **Medication Name:** [Name of Medication]
- **Dosage:** [e.g., 50mg]
- **Prescription Number:** [Insert Number if known]

This request is urgent due to [Brief Reason, e.g., immediate medical necessity/travel/unforeseen circumstances]. I am unable to collect this medication personally because [Brief Reason, e.g., hospitalization/immobility].

I confirm that the person named above is authorized to sign any necessary documentation and pay any required fees associated with this pickup. Attached to this letter is a copy of my photo identification for verification purposes.

Should you need to verify this authorization, please contact me immediately at [Your Phone Number].

Thank you for your prompt assistance in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Address]