

Date: [Date]

To: [Pharmacist Name or Pharmacy Name]

Address: [Pharmacy Address]

Phone: [Pharmacy Phone Number]

Subject: Authorization for Emergency Prescription Supply

To Whom It May Concern,

I am writing to formally authorize [Name of Authorized Person], holding [ID Type and Number], to act on my behalf to request and collect an emergency supply of my prescription medication.

Patient Information:

Full Name: [Your Full Name]

Date of Birth: [Your Date of Birth]

Address: [Your Address]

Medication Details:

Medication Name: [Name of Medication]

Dosage: [e.g., 20mg]

Prescribing Physician: [Doctor's Name]

Clinic/Hospital: [Name of Facility]

I am requesting this emergency supply because [Reason for emergency, e.g., ran out of medication before renewal/traveling]. I understand that this may be a limited supply subject to professional discretion and local regulations.

I have attached a copy of my photo ID for verification. If you need to confirm this request, please contact me at [Your Phone Number].

Thank you for your assistance in this urgent matter.

Sincerely,

[Your Signature]

[Your Printed Name]