

Date: [Date]

To: [Pharmacist Name/Pharmacy Name]

Address: [Pharmacy Address]

Subject: Authorization for Emergency Supply of Controlled Substance

To whom it may concern,

I, [Practitioner Name], [Title/Credentials], authorize an emergency supply of the following controlled substance for the patient listed below:

Patient Name: [Patient Full Name]

Date of Birth: [Patient DOB]

Medication Name: [Medication Name and Strength]

Quantity Authorized: [Quantity for Emergency Period]

Directions for Use: [Dosage Instructions]

Due to [Reason for Emergency: e.g., natural disaster, sudden office closure, technical prescription failure], the patient is unable to obtain a standard electronic or written prescription at this time. This emergency supply is necessary to prevent immediate patient harm or medical distress.

I confirm that a follow-up formal prescription will be provided to your pharmacy within [Number] hours/days in accordance with state and federal regulations.

Prescriber Information:

DEA Number: [DEA Number]

NPI Number: [NPI Number]

Phone Number: [Phone Number]

Sincerely,

[Signature]

[Printed Name and Title]