

Date: [Insert Date]

To: [Pharmacist Name/Pharmacy Name]

Address: [Pharmacy Address]

Phone: [Pharmacy Phone Number]

RE: Urgent Medication Supply Authorization

Patient Name: [Insert Patient Full Name]

Date of Birth: [Insert Date of Birth]

Policy/ID Number: [Insert ID Number, if applicable]

To Whom It May Concern,

I am writing to formally authorize an urgent emergency supply of the following medication(s) for the aforementioned patient:

- **Medication Name:** [Insert Drug Name]
- **Dosage/Strength:** [Insert Dosage, e.g., 20mg]
- **Directions:** [Insert Sig, e.g., Take one tablet daily]
- **Quantity Authorized:** [Insert Number of Days/Units]

Due to [Reason: e.g., travel, prescription delay, or immediate medical necessity], this patient requires an immediate bridge supply to ensure continuity of care and prevent adverse health outcomes. A formal renewal or full prescription will be sent via [e-prescribe/fax] shortly.

Please dispense this urgent supply immediately. If you have questions or require further verification, please contact my office at [Insert Office Phone Number].

Sincerely,

[Physician Signature]

Physician Name: [Insert Full Name and Credentials]

NPI Number: [Insert NPI Number]

DEA Number: [Insert DEA Number, if required for controlled substances]

Clinic Name: [Insert Clinic/Hospital Name]