

**Date:** [Insert Date]

**To:** [Pharmacist Name or Pharmacy Name]

**Pharmacy Address:** [Insert Address]

**Pharmacy Phone:** [Insert Phone Number]

**Subject: Authorization for Short-Term Emergency Medication Supply**

To Whom It May Concern,

I am writing to formally authorize a short-term emergency supply of the following medication(s) for the patient listed below:

**Patient Name:** [Insert Patient Full Name]

**Date of Birth:** [Insert DOB]

**Medication Name:** [Insert Drug Name]

**Dosage/Strength:** [Insert Dosage]

**Reason for Emergency Supply:** [e.g., Travel delay, lost prescription, waiting for renewal]

Due to [briefly state the emergency situation], the patient is currently unable to obtain a standard refill. I request a [Insert Number, e.g., 3-day or 7-day] emergency supply to ensure there is no interruption in treatment.

I confirm that I am the prescribing physician/authorized healthcare provider for this patient. I will provide a full formal prescription to your pharmacy by [Insert Date/Time].

If you require further verification, please contact my office immediately at [Insert Office Phone Number].

Sincerely,

[Signature]

**Printed Name:** [Insert Provider Name]

**Title:** [Insert Title, e.g., MD, NP, PA]

**NPI Number:** [Insert NPI]

**Clinic/Hospital Name:** [Insert Facility Name]