

Date: [Date]

To: [State Medical Board / DEA Registration Department]

Address: [Department Address]

City, State, Zip: [City, State, Zip Code]

Subject: Letter of Authorization for Prescribing Controlled Substances

To Whom It May Concern,

I, **[Supervising Physician Name]**, MD/DO, holding License Number **[Physician License Number]**, hereby authorize **[Physician Assistant Name]**, PA-C, holding License Number **[PA License Number]**, to prescribe, administer, and dispense controlled substances in accordance with state and federal laws.

Under our formal Delegation of Services Agreement, I authorize the aforementioned Physician Assistant to prescribe substances within the following schedules (check all that apply):

- Schedule II
- Schedule III
- Schedule IV
- Schedule V

This authorization is valid within the scope of practice at **[Practice/Clinic Name]** located at **[Practice Address]**. I confirm that I will maintain ongoing supervision and review of the Physician Assistant's prescribing practices as required by state regulations.

This authorization shall remain in effect until revoked in writing or until the termination of the employment/supervisory agreement.

Sincerely,

[Supervising Physician Signature]

[Supervising Physician Printed Name]

DEA Number: [Physician DEA Number]

Phone: [Phone Number]

[Physician Assistant Signature]

[Physician Assistant Printed Name]

Phone: [Phone Number]