

[Practitioner Name, Degree]
[Clinic/Hospital Name]
[Street Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[State Board of Pharmacy/Medicine Name]
[Board Address]
[City, State, Zip Code]

RE: Letter of Authorization for Controlled Substance Prescription

To the Members of the State Board,

I, [Practitioner Name], holding State License Number [License Number] and DEA Registration Number [DEA Number], hereby formally authorize the issuance and fulfillment of prescriptions for controlled substances as governed by [State Name] law and the Controlled Substances Act.

This letter serves to confirm that I am a registered practitioner in good standing. I authorize the following individual(s) or entity to act as my designated agent for the communication of prescription information to pharmacies, as permitted by state regulations:

Authorized Agent Name: [Agent Name/Staff Name]
Title/Role: [e.g., Registered Nurse, Medical Assistant]

I certify that all prescriptions issued under my authority are for a legitimate medical purpose in the usual course of professional practice. I maintain full responsibility for the oversight of these prescriptions and the maintenance of patient medical records as required by law.

This authorization remains in effect until [Expiration Date] or until written notice of revocation is provided to the Board.

Sincerely,

[Signature]

[Typed Name and Degree]
[NPI Number]