

**Date:** [Insert Date]

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

**Pharmacy Address:** [Insert Address]

## **Subject: Emergency Supply Authorization for Compounded Medication**

To Whom It May Concern,

This letter serves as formal authorization for an emergency dispensing of the following compounded medication:

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

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

**Medication Name/Formula:** [Insert Medication Details]

**Prescription Number (if known):** [Insert Rx Number]

Due to [Reason for Emergency: e.g., natural disaster, sudden supply chain interruption, or physician unavailability], the patient is currently unable to obtain a standard refill. To prevent a lapse in essential therapy and avoid significant health risks, I authorize a [Insert Number, e.g., 3-day or 7-day] emergency supply to be dispensed immediately.

A formal, written prescription or electronic renewal will be provided to the pharmacy by the prescribing physician's office within [Insert Timeframe, e.g., 24-48 hours].

**Authorized by:**

Signature: \_\_\_\_\_

Printed Name: [Insert Name]

Title: [Insert Title, e.g., Medical Director or Prescribing Physician]

License/NPI Number: [Insert Number]

Contact Phone: [Insert Phone Number]