

Date: [Date]

To: [Pharmacy Name]

Department: Mail-Order Prescriptions

Address: [Pharmacy Address]

Subject: Change of Address and Prescription Delivery Authorization

Dear Customer Service Team,

I am writing to formally request a change of address for my account and to authorize the delivery of my prescriptions to this new location.

Patient Information:

Full Name: [Your Full Name]

Date of Birth: [MM/DD/YYYY]

Member ID / Account Number: [ID Number]

Previous Address:

[Street Address, Apt #]

[City, State, Zip Code]

New Delivery Address:

[Street Address, Apt #]

[City, State, Zip Code]

Effective Date: [Date change takes effect]

Please update my records to ensure all future medications and correspondence are sent to the new address listed above. I also authorize [Name of Authorized Person - Optional] to sign for these deliveries if I am unavailable.

If you have any questions regarding this update, please contact me at [Phone Number] or [Email Address].

Thank you for your assistance.

Sincerely,

[Your Signature]

[Your Printed Name]