

Date: [Date]

To: [Pharmacy Name]

Attention: Mail-Order Department

Address: [Pharmacy Address]

Subject: Authorization for Temporary Relocation Prescription Delivery

Dear Pharmacy Team,

I am writing to formally request a temporary change of delivery address for my prescription medications. Due to a temporary relocation, I will be residing at a different address for a specific period.

Patient Information:

Full Name: [Your Full Name]

Date of Birth: [MM/DD/YYYY]

Member ID / Policy Number: [Your ID Number]

Temporary Shipping Address:

[Recipient Name]

[Street Address / Apartment Number]

[City, State, Zip Code]

[Phone Number for Delivery Notifications]

Effective Dates:

Start Date: [Start Date]

End Date: [End Date or "Until Further Notice"]

Prescriptions to be Redirected:

[List specific Rx numbers or write "All active prescriptions"]

Please update my profile to ensure all upcoming shipments are sent to the temporary address listed above during this timeframe. I understand that I am responsible for any shipping cost adjustments associated with this change.

Please contact me at [Your Phone Number] if you require further verification or information.

Sincerely,

[Your Signature]

[Your Printed Name]