

**Date:** [Insert Date]

**To:** [Pharmacy Name]

**Address:** [Pharmacy Mailing Address]

**Phone:** [Pharmacy Phone Number]

**Subject: Authorization for Expedited Mail-Order Prescription Delivery**

To Whom It May Concern,

I, [Your Full Name], date of birth [Your Date of Birth], am writing to formally authorize and request the expedited delivery of my prescription medication(s).

**Prescription Details:**

- **Medication Name(s):** [List Medications]
- **Prescription Number(s):** [List Rx Numbers]
- **Reason for Expedited Request:** [e.g., Immediate medical necessity / Travel / Out of stock]

**Shipping Information:**

Please ship the aforementioned medication(s) via [Specify Shipping Method, e.g., Overnight / 2-Day Air] to the following address:

[Recipient Name]

[Street Address]

[City, State, Zip Code]

**Payment Authorization:**

I authorize [Pharmacy Name] to charge the shipping fees and any applicable copayments to my payment method on file ending in [Last 4 Digits of Card]. If no card is on file, please contact me at [Your Phone Number] to collect payment information.

If there are any issues regarding this request or the availability of the medication, please notify me immediately.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Phone Number]

[Your Email Address]