

Allowing someone to collect medicines on your behalf

Subject: Authorization for Medicine Collection

Dear [Pharmacy Name],

I, [Name], authorize [Authorized Person Name] to collect prescribed medicines for me from your pharmacy on [Date].

The details of the prescription are attached along with this letter.

Thank you for your cooperation.

Best regards,

[Name]

[Date]

Get more templates here:

<https://www.lettersandtemplates.com/letters/medical-treatment-or-medicine-authorization-letter>