

# Template for Authorization Letter for Buying Medicine

[Date]

[Pharmacy Name]

[Pharmacist's Name]

[Pharmacy Address]

[City, State, ZIP Code]

Dear [Pharmacist's Name],

I, [Your Full Name], hereby authorize [Authorized Person's Full Name] to purchase the following medications on my behalf:

– [Medication Name 1], [Dosage], [Quantity]

– [Medication Name 2], [Dosage], [Quantity]

You can reach me at [Your Phone Number] or [Your Email Address] for any further information.

Sincerely,

[Your Signature]

[Your Printed Name]