

October 1, 2020

Dear Pharmacist,

I authorize my daughter, _____, to buy my medicines because I can't go there personally due to my condition. I need to buy these medicines as prescribed by my doctor.

_____ -- _____

_____ -- _____

_____ -- _____

Thank you!

Attached are my doctors' prescription, Purchase Booklet and my Senior Citizen's card.

Respectfully Yours,

