**Template letter to enable a representative to collect medicines on behalf of a patient in isolation**

*Please note current best practice is to use a letter of authority per day, however if this changes, this form can be used for multiple days.*

|  |  |
| --- | --- |
| Patient’s name: |  |
| Patient’s address: |  |
| Date of Birth: |  |

Dear pharmacist

This letter is to show that I am currently in self-isolation due to COVID-19 and I give permission for the person named below to collect my medication on my behalf.

|  |  |
| --- | --- |
| Patient representative’s name: |  |
| Patient representative’s address: |  |
| Relationship to patient: |  |

I have informed them that they will need to provide identification before they can collect the prescription.

|  |  |  |  |
| --- | --- | --- | --- |
| Patient’s signature: |  | Date: | / / |

**For Pharmacy use**

|  |  |
| --- | --- |
| Letter received by (pharmacist name) |  |
| Registration number: |  |
| Date received: |  |
| Date of collection: |  |
| Last date letter is valid: |  |

This letter of authorisation is valid for \_\_\_\_\_ days.