

(Your address)

.....  
.....  
.....

(Telephone number .....)

(Date.....)

Balfron Pharmacy,  
67 Buchanan Street,  
Balfron,  
G63 0TW

This letter is to authorise a representative of Fintry Demand Responsive Travel to uplift prescriptions on my behalf at the Pharmacy, Balfron and deliver them to my home in Fintry.

Signature .....

Name in Capital letters .....