

### Template for requesting extra medication from your physician

I, (name) \_\_\_\_\_, am a medication-dependent person and am concerned about the possibility of not having my medication in the event of a major catastrophe. Therefore, I am requesting that you, Dr. \_\_\_\_\_, my physician, prescribe me sufficient additional \_\_\_\_\_ to last at least one year.

I promise to reserve this supply for use in the event medication is no longer commercially available, such as after a national disaster. I also promise to continue taking my medication on a regular basis and to follow-up for office visits and blood testing as often as you recommend. I understand that you cannot guarantee the safety or effectiveness of any medication beyond the expiration date printed on the bottle.

I promise not to sell this medication, nor to share it with anyone else. I appreciate your willingness to help me and will do my part in maintaining a trusted doctor-patient relationship.

Sincerely,

(Patient name) \_\_\_\_\_ Date \_\_\_\_\_

Doctor: I have supplied the above patient with additional medication for the above purpose.

Medication name & dose	Purpose	Quantity

(Physician name) \_\_\_\_\_ Date \_\_\_\_\_