

[Your Name]
[Your Title]
[Your Organization/Practice Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title]
[Recipient's Organization]
[Recipient's Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request authorization for the prescription and administration of controlled substances within my practice. As a [Your Profession, e.g., physician, dentist, etc.], I understand the responsibilities associated with handling these substances and commit to adhering to all applicable regulations and guidelines to ensure patient safety and compliance.

In accordance with [relevant laws and regulations, e.g., DEA regulations, local laws, etc.], I have completed the necessary training and possess the appropriate credentials to manage controlled substances.

I would appreciate your review of my request and any guidance you can provide regarding the authorization process. Please let me know if you require any additional information or documentation.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]
[Your Title]
[Your Organization/Practice Name]