

To whom it may concern,

Re: Medicine for _____

This is to certify that the following medications have been prescribed solely for the person listed above, who works for _____ and has a chronic condition of _____.

The medications are:

- 1)
- 2)
- 3)
- 4)
- 5)

They are solely for personal use, and they contain NO narcotics.

Physician's Signature: _____