*Please overwrite and delete anything in italics. Please feel free to personalize this letter however you like. If you have a personal experience or example of how this impacted you then that is always beneficial to add. Please feel free to cc us on the letter at* *admin@nolimitsmedical.com* *if you like!*

*Date*

*Representative Name*

*Representative Street Address*

*Representative City, State, Zip*

*Representative Phone number (if known)*

*Representative District*

*Dear XYZ (please use a name here because it has more impact),*

I am a constituent in your area. I am writing to let you know that I do not support our state’s unnecessary restriction on compounding pharmacy products. There is no reason to restrict compounding pharmacies from shipping here and providing all their available products to patients in your district. Compounding pharmacies are safe, meet very high pharmaceutical standards, provide products that are often unobtainable to patients otherwise and are regulated by the Federal Drug Administration.

My family and I (among others in your district) would like the same access to high quality, affordable medications that are available to patients in other states that are far less restrictive and more patient focused. If medications are prescribed by a licensed, board-certified provider in my state, there is no reason that your constituents should have access ONLY to big pharma products which are expensive and not personalized for patient needs.

I would appreciate your consideration of the removal of restrictions for high quality and FDA regulated compounding pharmacies so that the constituents in your area can have much needed access to licensed and board-certified providers licensed in our state that often use compounding pharmacies located in the United States due to their high product quality, personalized formulations and dosing, cost and reliability.

Sincerely,

*SIGNATURE*

*Your Name*

*Your Street Address (you must have your personal address on here so that they know you are a constituent in their area)*

*Your City, State, Zip code*

*Your Phone Number*

*Your State or District*