

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Appointment Reminder for Medication Management

Dear [Patient Name],

This is a reminder of your upcoming psychiatric medication management appointment with [Provider Name].

**Appointment Details:**

Date: [Date of Appointment]

Time: [Time of Appointment]

Location: [Clinic Name / Telehealth Link]

Please remember to bring a list of your current medications and any questions regarding your treatment plan. If this is a telehealth visit, please ensure you have a stable internet connection and a private space for the duration of the call.

If you need to reschedule or cancel your appointment, please contact our office at [Phone Number] at least [24/48] hours in advance to avoid any cancellation fees.

We look forward to seeing you.

Sincerely,

[Clinic/Provider Name]

[Contact Information]