

Date: [Current Date]

Dear [Patient Name],

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

Appointment Details:

- Date: [Appointment Date]
- Time: [Appointment Time]
- Platform/Link: [Insert Link or Meeting ID]

Preparation Instructions:

- Please log in 5 minutes before your scheduled time to test your camera and microphone.
- Ensure you are in a private, quiet space with a stable internet connection.
- Have your current medication bottles or a complete list of medications available.
- Be prepared to discuss any side effects or changes in your symptoms.

Cancellation Policy:

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

We look forward to seeing you.

Sincerely,

[Clinic/Provider Name]

[Phone Number]

[Email Address]