

[Clinic Name]
[Clinic Address]
[Phone Number]

[Date]

[Patient Name]
[Patient Address]

RE: Psychiatric Medication Management Appointment Reminder

Dear [Patient Name],

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

Date: [Appointment Date]
Time: [Appointment Time]
Location: [Office Location/Telehealth Link]

Please bring all of your current prescription bottles, over-the-counter medications, and vitamins to this visit. We will review your medications to ensure they are working safely and effectively for you.

If you have a caregiver or family member who assists with your medications, they are welcome and encouraged to attend this appointment with you.

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

We look forward to seeing you.

Sincerely,

[Provider or Clinic Name]
[Title/Department]