

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Reminder - Follow-Up Psychiatric Medication Management Appointment

Dear [Patient Name],

This is a reminder of your upcoming follow-up appointment with [Provider Name] to review and manage your medications.

Appointment Details:

Date: [Date of Appointment]

Time: [Time of Appointment]

Location: [Office Address or Telehealth Link]

Please remember to have your current medication bottles or a complete list of your current dosages available for this review. If you need to reschedule or cancel, please contact our office at [Phone Number] at least [Number] hours in advance to avoid any cancellation fees.

Maintaining regular follow-up appointments is essential to ensure your treatment remains safe and effective. We look forward to seeing you.

Sincerely,

[Provider/Clinic Name]

[Phone Number]

[Email/Website]