

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Reminder - Appointment Required for Prescription Refill

Dear [Patient Name],

Our records indicate that your current prescription for [Medication Name] will soon require a refill. To ensure the continued safety and effectiveness of your psychiatric medication management, an appointment with your provider is necessary before a new prescription can be issued.

We have you scheduled for an appointment on:

Date: [Date of Appointment]

Time: [Time of Appointment]

Provider: [Provider Name]

If you need to reschedule or cancel this appointment, please contact our office at [Phone Number] at least [Number] hours in advance to avoid any cancellation fees. Regular follow-up appointments are essential to monitor your progress and manage your refills without interruption.

Please bring a list of your current medications and any questions you may have regarding your treatment plan to this visit.

We look forward to seeing you.

Sincerely,

[Practice Name]

[Office Phone Number]

[Office Website/Email]