

[Practice Name]
[Practice Address]
[Phone Number]
[Date]

[Patient Name]
[Patient Address]

Subject: Appointment Reminder - Controlled Substance Medication Management

Dear [Patient Name],

This is a reminder of your upcoming psychiatric medication management appointment on **[Date]** at **[Time]**.

As you are currently prescribed a controlled substance, please be advised of the following requirements for this visit:

- **In-Person Requirement:** Unless otherwise specified, this visit must be conducted in person to comply with federal and state regulations.
- **Medication Review:** Please bring your current medication bottles or a detailed list of all medications you are taking.
- **ID Verification:** Have a valid government-issued photo ID ready for verification.
- **Prescription Policy:** Refills for controlled substances will not be authorized outside of a scheduled appointment. If you miss this appointment, we cannot guarantee a bridge prescription.
- **Toxicology Screening:** You may be requested to provide a urine or saliva sample during this visit as part of our standard safety protocols.

If you need to reschedule, 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,

[Provider Name]
[Practice Name]