

URGENT: MEDICATION MANAGEMENT APPOINTMENT REMINDER

Date: [Date]

Patient Name: [Patient Name]

Date of Birth: [DOB]

Dear [Patient Name],

This is an urgent reminder regarding your upcoming psychiatric medication management appointment. It is critical that you attend this session to ensure the continuity of your treatment plan and the safety of your medication regimen.

Appointment Details:

- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Provider:** [Provider Name]
- **Location:** [Clinic Name/Address or Telehealth Link]

Important Notice: Failure to attend this appointment may result in an inability to provide medication refills. Some psychiatric medications require close monitoring and cannot be legally or safely refilled without a face-to-face evaluation.

If you need to reschedule, please contact our office immediately at [Phone Number]. If you are experiencing a mental health emergency, please call 911 or go to the nearest emergency room.

We look forward to seeing you.

Sincerely,

[Your Name/Practice Name]

[Contact Information]