

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Reminder: Rescheduled Medication Management Appointment

Dear [Patient Name],

This letter is to confirm that your psychiatric medication management appointment has been rescheduled.

Your new appointment details are as follows:

New Date: [Day of week, Date]

New Time: [Time]

Provider: [Provider Name]

Location/Method: [Clinic Address or Telehealth Link]

It is important to attend this visit to ensure you have a continuous supply of your medications and to monitor your progress. Please remember to bring a list of your current medications to the appointment.

If you need to change this appointment again, please contact our office at [Phone Number] at least [Number] hours in advance to avoid any cancellation fees.

We look forward to seeing you.

Sincerely,

[Provider/Clinic Name]

[Phone Number]

[Email/Website]