

Appointment Reminder: Initial Psychiatric Medication Management

Dear [Patient Name],

This is a reminder of your upcoming initial psychiatric medication management appointment with [Provider Name].

Appointment Details:

- Date: [Date]
- Time: [Time]
- Location: [Location/Telehealth Link]

Please arrive [Number] minutes early to complete any necessary paperwork. Remember to bring a list of your current medications, dosages, and any relevant medical records.

If you need to cancel or reschedule, please contact our office at [Phone Number] at least [Number] hours in advance to avoid a cancellation fee.

We look forward to seeing you.

Sincerely,

[Clinic Name]
[Phone Number]
[Website]