

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

RE: FINAL NOTICE - UPCOMING PSYCHIATRIC MEDICATION MANAGEMENT APPOINTMENT

Dear [Patient Name],

This is a final reminder regarding your scheduled psychiatric medication management appointment with [Provider Name].

Appointment Details:

Date: [Date of Appointment]

Time: [Time of Appointment]

Location: [Office Address or Telehealth Link]

Maintaining regular appointments is essential for the safety and effectiveness of your medication treatment plan. Please note that failure to attend this appointment may result in an inability to provide prescription refills until you are seen by your provider.

Cancellation Policy:

If you need to reschedule, please contact our office at [Phone Number] at least [Number] hours in advance to avoid a late cancellation or no-show fee of \$[Amount].

If you have already confirmed this appointment or have rescheduled, please disregard this notice.

We look forward to seeing you and continuing your care.

Sincerely,

[Clinic/Practice Name]

[Phone Number]

[Email/Website]