

[Date]

Dear Patient,

We are writing to inform you of an update to our clinic's procedure for prescription medication refills, effective [Date].

To ensure your safety and the timely processing of your requests, please follow the new guidelines below:

- **Advance Notice:** Please request refills at least [Number] business days before your medication runs out.
- **Pharmacy Contact:** Contact your pharmacy directly to initiate the refill request. They will send an electronic authorization request to our office.
- **Required Appointments:** Periodic follow-up appointments are required for long-term medications. You will be notified if an office visit is necessary before a refill can be approved.
- **Controlled Substances:** Requests for controlled substances require [Number] days for processing and may require an in-person evaluation.

Refill requests received after [Time] on Fridays or during weekends will be processed starting the following Monday.

If you have any questions regarding these changes, please contact our office at [Phone Number] or visit our website at [Website URL].

Thank you for your cooperation and for choosing us for your healthcare needs.

Sincerely,

[Provider/Clinic Name]

[Contact Information]