[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Subject: Missed Appointment for Routine Medication Management

Dear [Patient Name],

This letter is to inform you that you missed your scheduled medication management appointment on [Date] at [Time].

Regular follow-up appointments are essential to ensure your medications are working effectively and to monitor for any potential side effects. Missing these appointments may result in delays for your prescription refills.

Please contact our office at [Phone Number] as soon as possible to reschedule. If you have already called to reschedule, please disregard this notice.

We look forward to hearing from you.

Sincerely,

[Provider/Clinic Name]
[Phone Number]
[Clinic Address]