[Date]

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

Subject: Important Notice Regarding Your Prescription Refills

Dear [Patient Name],

We are writing to inform you that we are unable to process your recent request for a refill of your medication, [Medication Name].

Our records show that you missed your scheduled appointment on [Date of Missed Appointment]. To ensure your safety and monitor the effectiveness of your treatment, a follow-up visit is required before further refills can be authorized.

To avoid a lapse in your medication, please call our office at [Phone Number] as soon as possible to reschedule your appointment. Once you have seen the provider, we will be able to process your refill request.

If you have already scheduled a new appointment or believe you received this letter in error, please contact us immediately.

Sincerely,

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