Date: [Current Date]

Patient Name: [Patient Full Name]
Date of Birth: [Patient DOB]
Patient ID: [Patient ID Number]

Subject: IMPORTANT: Missed Appointment and Prescription Refill Policy

Dear [Patient Name],

Our records indicate that you missed your scheduled appointment on [Date of Missed Appointment] without providing prior notice. We missed the opportunity to evaluate your health and monitor your current medications.

This letter serves as a formal notification regarding your prescription refills. To ensure your safety and the effectiveness of your treatment, we require regular office visits to monitor your progress and potential side effects.

Please be advised of the following:

- We are unable to authorize further refills for [Medication Name(s)] until you have been seen by your provider.
- Failure to schedule and attend an appointment by [Deadline Date] may result in a disruption of your medication therapy.
- A one-time emergency supply of [Number] days may be issued at the provider's discretion, but no further refills will be granted until an office visit is completed.

Your health is our primary concern. Please contact our office immediately at [Phone Number] to reschedule your appointment. If you have already scheduled a follow-up, please disregard this notice.

Sincerely,

[Provider Name/Signature]
[Practice/Clinic Name]
[Contact Information]