[Date]

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

RE: Prescription Refill Hold Due to Missed Appointment

Dear [Patient Name],

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

Our records show that you missed your scheduled appointment on [Date of Missed Appointment]. It is our office policy that patients must be seen for a follow-up evaluation before certain prescriptions can be renewed. This is necessary to ensure the medication is working correctly and that it is safe for you to continue the treatment.

A temporary [Number]-day supply has been authorized to ensure you do not run out of medication. However, no further refills will be issued until you have been seen by your provider.

Please contact our office at [Phone Number] as soon as possible to reschedule your appointment. Once you have been evaluated, we will be happy to resume your regular refill schedule.

If you have already scheduled a new appointment, please disregard this notice.

Sincerely,

[Provider Name/Clinic Name]
[Contact Information]