[Date]

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

RE: Refill Request for [Medication Name]

Dear [Patient Name],

We are writing to inform you that your recent request for a prescription refill for [Medication Name] has been denied at this time.

Our records indicate that you missed your scheduled appointment on [Date of Missed Appointment]. To ensure your safety and the effectiveness of your treatment, a clinical evaluation is required before we can authorize additional refills for this medication.

Please contact our office at [Phone Number] as soon as possible to reschedule your appointment. Once you have been seen by your healthcare provider, we will be able to address your refill request.

If you are experiencing a medical emergency, please dial 911 or go to the nearest emergency room.

Sincerely,

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