[Practice Name]
[Practice Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

RE: FINAL NOTICE - Missed Appointment and Prescription Refill Status

Dear [Patient Name],

Our records indicate that you missed your scheduled appointment on [Date] at [Time]. This was the final opportunity to complete your required clinical evaluation for continued medication management.

Please be advised that your current prescription for [Medication Name] is nearing its expiration. As previously discussed, medical regulations and our office policy require an in-person or telehealth examination before further refills can be authorized. This is to ensure your safety and to monitor the effectiveness of your treatment.

This is your final notice. We are unable to provide any additional refills or emergency supplies of this medication until you are seen by your healthcare provider. If you do not schedule and attend an appointment by [Deadline Date], your prescription file for this medication will be closed.

To avoid a lapse in your treatment, please call our office immediately at [Phone Number] to reschedule. If you are now receiving care from another provider, please notify us so we may update your records and transfer your medical files accordingly.

Sincerely,

[Provider Name/Signature]
[Practice Name]