[Date]

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

Subject: Missed Appointment for Chronic Medication Refill

Dear [Patient Name],

Our records show that you missed your scheduled appointment on [Date] at [Time]. This appointment was intended to review your progress and renew your prescriptions for chronic medications.

Regular monitoring is essential to ensure your medications are safe and effective. Because this appointment was missed, we may be unable to provide further refills until you are seen by your provider.

Please contact our office at [Phone Number] as soon as possible to reschedule. If you have already rescheduled or if you missed this appointment due to an emergency, please let us know.

Maintaining your treatment plan is our priority. We look forward to hearing from you soon.

Sincerely,

[Provider/Clinic Name]
[Contact Information]