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

[Date]

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

Subject: Important Policy Update Regarding Controlled Substance Refills

Dear [Patient Name],

This letter is to inform you of our practice policy regarding missed appointments (no-shows) for patients receiving prescriptions for controlled substances.

To ensure your safety and remain in compliance with state and federal regulations, controlled substances require regular monitoring and face-to-face evaluations. Consistent attendance at your scheduled appointments is a mandatory requirement for the continued prescribing of these medications.

Our policy is as follows:

- **Refill Requirement:** Refills for controlled substances will only be provided during a scheduled office visit. We do not provide "bridge" prescriptions for missed appointments.
- **Cancellation Notice:** If you need to reschedule, you must provide at least [24/48] hours' notice.
- **No-Show Consequences:** If you miss an appointment without notice, your prescription will not be refilled until you are seen by the provider. Multiple no-shows may result in a discharge from our practice or the tapering and discontinuation of your controlled substance therapy.

We understand that emergencies happen; however, repeated missed appointments interfere with your care plan and the health of our other patients. Please contact our office at [Phone Number] if you have any questions or need to schedule your next visit.

Sincerely,

[Provider Name/Practice Manager Name]
[Practice Name]

Patient Acknowledgement:

I have read and understand the Controlled Substance Refill No-Show Policy.

Signature: _____ Date: _____