[Date]

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

Subject: Prescription Renewal and Missed Consultation for [Medication Name]

Dear [Patient Name],

We are writing to follow up on your recent request for a prescription renewal for [Medication Name].

Our records indicate that you missed your scheduled consultation on [Date]. Please be advised that we are unable to renew your prescription until you have been seen by your healthcare provider. This policy is in place to ensure your safety and to monitor the effectiveness of your treatment.

To avoid any interruption in your medication, please contact our office at [Phone Number] as soon as possible to reschedule your appointment. Once the consultation is completed, your provider will be able to process the renewal request.

If you have already rescheduled this appointment, please disregard this notice.

Sincerely,

[Provider Name/Clinic Name]
[Contact Information]