[Date]

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

Subject: Missed Appointment and Temporary Prescription Refill

Dear [Patient Name],

We are writing to follow up on your missed appointment scheduled for [Date of Missed Appointment].

Continuity of care is important for your health. To ensure you do not run out of your medication, we have provided a temporary [Number]-day refill for [Medication Name]. This refill is intended to bridge the gap until your next visit.

Please be advised that no further refills will be authorized until you are seen by your provider. We encourage you to contact our office at [Phone Number] as soon as possible to reschedule your appointment.

If you have already rescheduled, please disregard this notice.

Sincerely,

[Provider/Clinic Name]
[Contact Information]