[Date]

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

Subject: Missed Appointment Regarding Prescription Refill

Dear [Patient Name],

Our records show that you missed your scheduled appointment on [Date] at [Time]. This appointment was required to evaluate your health before renewing your prescription for [Medication Name].

To ensure your safety and the effectiveness of your treatment, clinic policy requires a face-to-face consultation before certain medications can be refilled. Because this appointment was missed, we are unable to provide a long-term refill at this time.

Please contact our office at [Phone Number] as soon as possible to reschedule. If you are running low on your current supply, please let us know so we can discuss a short-term bridge prescription until your new appointment date.

Please be aware that future missed appointments without 24-hour notice may result in a [Amount] cancellation fee.

Your health is our priority, and we look forward to seeing you soon.

Sincerely,

[Doctor/Provider Name]
[Clinic Name]
[Clinic Phone Number]