[Date]

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

RE: NOTICE OF MEDICATION INTERRUPTION / MISSED APPOINTMENT

Dear [Patient Name],

This letter is to inform you that we missed your scheduled appointment on [Date of Missed Visit]. Our records indicate that you were due for a medication refill or administration during this visit.

As a result of this missed visit, your treatment plan for [Name of Medication] has been interrupted. Discontinuing or delaying this medication without medical supervision may lead to a recurrence of symptoms or other health complications.

Please contact our office immediately at [Phone Number] to reschedule your appointment. We want to ensure you continue your treatment safely and effectively.

If you have already obtained your medication or have rescheduled your visit, please disregard this notice.

Sincerely,

[Provider/Clinic Name]
[Title]
[Contact Information]