[Date]

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

Re: Prescription Refill Request for [Medication Name]

Dear [Patient Name],

We have received your request for a refill of your medication, [Medication Name].

At this time, we are unable to process your refill because a provider evaluation is required. Our records indicate that you are due for a follow-up appointment or routine monitoring to ensure this medication remains safe and effective for you.

Please contact our office at [Phone Number] to schedule an appointment. Once you have been evaluated by your provider, we will be able to address your prescription needs.

If you have a limited supply of medication remaining, please let us know so we can discuss a short-term bridge script until your appointment date.

Sincerely,

[Provider Name or Clinic Name]
[Phone Number]
[Clinic Website]