Date: [Date]

Patient Name: [Patient Name]
Patient Address: [Patient Address]
Date of Birth: [DOB]

Subject: ACTION REQUIRED: Missed Appointment and Medication Refill

Dear [Patient Name],

Our records show that you missed your scheduled appointment on [Date] at [Time]. This appointment was necessary to evaluate your progress and authorize refills for your current medications.

Important: Your current prescription(s) for [Name of Medication(s)] are nearing their expiration or have no refills remaining. For your safety, we cannot provide further refills without a clinical evaluation.

To avoid an interruption in your treatment, please take the following actions immediately:

- Call our office at [Phone Number] to reschedule your appointment.
- Log in to the Patient Portal at [URL] to request a new time.

If you have already rescheduled or have decided to seek care elsewhere, please contact us so we can update your records. If you are experiencing a medical emergency, please call 911 or go to the nearest emergency room.

Sincerely,

[Provider Name/Clinic Name]
[Contact Information]