[Date]

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

Subject: Important notice regarding your prescription refill

Dear [Patient Name],

Our records indicate that you are overdue for a refill of your medication: **[Medication Name]**. This prescription was last filled on [Date of Last Fill].

It is important to take your medication exactly as prescribed by your doctor to manage your health effectively. Skipping doses or stopping your medication unexpectedly can lead to complications or a worsening of your condition.

If you have already refilled this prescription at another pharmacy, or if your doctor has instructed you to stop taking this medication, please let us know so we can update your records.

To refill your prescription, you can:

- Call us at [Pharmacy Phone Number]
- Visit our website at [Website URL]
- Use our mobile app: [App Name]
- Visit us in person at [Pharmacy Address]

If you have any questions regarding your medication or are experiencing any side effects, please contact your healthcare provider or speak with one of our pharmacists.

Sincerely,

[Pharmacist/Staff Name]
[Pharmacy/Clinic Name]
[Phone Number]