[Practice Name]
[Practice Address]
[Phone Number]
[Date]

Patient Name: [Patient Name]
Date of Birth: [DOB]
Patient ID: [ID Number]

RE: URGENT NOTICE - POTENTIAL PRESCRIPTION LAPSE

Dear [Patient Name],

Records indicate that you missed your scheduled appointment on [Date] at [Time].

Our records show that your current prescription for [Medication Name] is due to expire or run out of refills on [Expiration Date]. Please be advised that we cannot safely provide further refills until you have been seen by your provider for a follow-up evaluation.

To avoid a gap in your medication therapy, please call our office at [Phone Number] immediately to reschedule your appointment. If we do not hear from you by [Date], your prescription refills will be discontinued.

If you have already rescheduled this appointment or have decided to seek care elsewhere, please contact us so we can update your medical record and facilitate a transfer of care if necessary.

Sincerely,

[Provider/Manager Name]
[Practice Name]