

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Routine Prescription Refill and Review Reminder

Dear [Patient Name],

This is a routine reminder regarding your current medications on file with [Clinic/Practice Name]. Our records indicate that you may soon be due for a prescription refill or a medication review.

To ensure continuity of your care and to prevent any interruption in your treatment, please take the following steps:

- **Check your supply:** Verify how many refills remain on your current prescription labels.
- **Request refills early:** Please contact your pharmacy or our office at least [Number] days before your medication runs out.
- **Schedule a review:** If you have not had a medication review in the last [Number] months, please call us at [Phone Number] to schedule a brief appointment.

If you have already addressed your refills or have recently seen your physician, please disregard this notice.

Proper medication management is vital to your health. If you have any questions regarding your dosage or side effects, do not hesitate to contact our clinical team.

Sincerely,

[Provider/Staff Name]

[Clinic/Practice Name]

[Phone Number]