

[Practice Name]
[Practice Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

RE: Annual Chronic Care Medication Evaluation

Dear [Patient Name],

Our records show that you are currently prescribed long-term medication for a chronic condition. To ensure your treatment remains safe and effective, it is time for your scheduled medication evaluation.

Regular monitoring is necessary to review your current dosage, check for any side effects, and perform any required blood tests or clinical measurements. This evaluation is essential for us to continue providing your repeat prescriptions.

Please contact our office at [Phone Number] within the next 14 days to schedule an appointment with [Provider Name/Clinical Pharmacist].

Please bring all your current medications, including over-the-counter vitamins and supplements, to this appointment.

Thank you for your cooperation in managing your health.

Sincerely,

[Provider Name/Practice Manager]
[Practice Name]