

[Organization Name]  
[Department Name]  
[Address]  
[Phone Number]  
[Date]

Patient Name: [Patient Name]  
Patient ID: [ID Number]  
Medication: [Medication Name and Dosage]

**Subject: Routine Medication Safety Check Appointment**

Dear [Patient Name],

Our records show that you are currently prescribed [Medication Name]. As part of our commitment to your health and safety, we require all patients on this medication to undergo a routine safety check.

The purpose of this review is to ensure the medication is working effectively for you and to monitor for any potential side effects. This is a standard procedure and is essential for the continued renewal of your prescription.

**Action Required:**

Please contact our office at [Phone Number] within the next [Number of Days] days to schedule a [brief appointment/blood test/consultation].

**Appointment Details:**

- **Reason:** Routine Medication Safety Review
- **Expected Duration:** [Time, e.g., 15 minutes]
- **Please bring:** [List items, e.g., current medication bottles or logs]

If you have already completed a safety check or blood test in the last [Time Period], please disregard this letter or contact us to update our records.

Failure to complete this safety check may result in a delay in processing your next prescription refill.

Thank you for your cooperation in managing your health safely.

Sincerely,

[Provider Name/Signature]  
[Provider Title]