

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Quarterly Prescription Review Reminder

Dear [Patient Name],

Our records indicate that it is time for your quarterly prescription evaluation. To ensure your medications remain effective and safe, a clinical review is required before your next set of refills can be authorized.

Please contact our office at [Phone Number] to schedule a brief appointment with [Provider Name]. During this visit, we will review your current dosage, discuss any side effects, and update your treatment plan as needed.

We recommend scheduling this appointment by [Date] to avoid any interruption in your medication supply.

If you have already scheduled an appointment or have recently completed this review, please disregard this notice.

Sincerely,

[Doctor or Practice Name]

[Clinic Address]

[Phone Number]