

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Important Reminder: Your Diabetes Medication Refill

Dear [Patient Name],

This is a friendly reminder from [Clinic/Pharmacy Name] regarding your diabetes management plan. Our records indicate that your prescription for [Medication Name] is due for a refill on [Date].

Consistent use of your medication is essential for maintaining stable blood sugar levels and preventing long-term complications associated with diabetes. To ensure you do not miss a dose, please arrange for your refill as soon as possible.

Refill Options:

- Call our pharmacy at [Phone Number].
- Request a refill through our online patient portal at [Website URL].
- Visit us in person at [Address].

If you have no refills remaining on your current prescription, please contact our office at [Phone Number] so we can coordinate with your healthcare provider for a renewal. You may be required to schedule a follow-up appointment or blood work before a new prescription can be authorized.

If you have already refilled your prescription or are no longer taking this medication, please disregard this notice or call us to update your records.

Thank you for letting us participate in your healthcare.

Sincerely,

[Name/Signature]

[Title/Department]

[Clinic/Pharmacy Name]