[Doctor Name/Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]
[Date]

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

RE: Follow-Up for Prescription Monitoring

Dear [Patient Name],

This letter is a follow-up regarding your recent prescription for [Medication Name] to treat [Condition]. As discussed during your appointment, this medication requires close monitoring to ensure it is working effectively and to check for any potential adverse effects.

Please review the following monitoring requirements:

- **Required Lab Work:** [List blood tests, e.g., Liver Function, CBC] must be completed by [Date].
- **Symptom Check:** Please contact our office immediately if you experience [Specific Side Effects, e.g., severe dryness, mood changes, abdominal pain].
- **Next Appointment:** Your follow-up visit is scheduled for [Date/Time].

It is important that we complete these safety checks before we can authorize any refills for this medication. If you have already completed your labs, please disregard this notice.

If you have any questions or are experiencing unexpected symptoms, please call our office at [Phone Number].

Sincerely,

[Provider Signature]
[Provider Name/Title]