

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Re: Follow-Up Regarding Controlled Substance Agreement

Dear [Patient Name],

This letter is a follow-up to our recent review of your Controlled Substance Agreement, which was signed on [Date Agreement Signed]. This agreement was established to ensure your safety and to outline the requirements for the prescription of controlled medications.

During our recent compliance review, the following area(s) were identified as requiring attention:

- Missing/Inconsistent Urine Drug Screen (UDS) results
- Inconsistent pill count results
- Early refill requests
- Use of multiple pharmacies or providers
- Missed follow-up appointments
- Other: [Specify Details]

It is essential that all terms of the agreement are met to continue the safe management of your treatment plan. Adherence to these protocols allows us to monitor for potential side effects, interactions, and the overall effectiveness of your medication.

Please contact our office at [Phone Number] by [Deadline Date] to schedule an appointment to discuss your treatment plan and resolve these compliance concerns. Failure to maintain the terms of the agreement may result in the tapering or discontinuation of your controlled substance prescriptions.

Our primary goal is your health and safety. We look forward to working with you to ensure your treatment remains on track.

Sincerely,

[Provider Name/Signature]

[Practice Name]