

Date: [Date]

Patient Name: [Patient Name]

Patient Address: [Patient Address]

Patient DOB: [Date of Birth]

RE: Notice of Mandatory Random Pill Count

Dear [Patient Name],

In accordance with your signed Medication Provider-Patient Agreement and our clinical safety protocols for controlled substance management, this letter serves as a formal request for a random pill count.

Action Required:

You are required to present all currently prescribed [Medication Name(s)] in their original pharmacy containers for a physical count by our clinical staff. This must be completed within [Number, e.g., 24 to 48] hours of the date and time of this notice.

Appointment Details:

Please bring your medication bottles to the office located at [Office Address] at the following time:

Scheduled Time: [Insert Time] or [During Walk-in Hours]

Compliance Requirements:

- The medication must be in the original container with the pharmacy label intact.
- The number of pills remaining must match the expected count based on the date of your last refill and your prescribed dosage.
- Failure to appear for this pill count, tampering with medication, or a discrepancy in the count may result in the immediate discontinuation of your controlled substance prescriptions and potential discharge from this practice.

If you have any questions or are unable to attend due to an emergency, please contact our office immediately at [Phone Number].

Sincerely,

[Provider Name/Signature]

[Clinic/Practice Name]