

Date: [Current Date]

Patient Name: [Patient Name]

Date of Birth: [Date of Birth]

Patient ID: [ID Number]

Subject: Annual Controlled Substance Agreement Renewal

Dear [Patient Name],

Our records indicate that it is time to renew your annual Controlled Substance Agreement. This agreement is a standard requirement for all patients receiving long-term prescriptions for controlled medications at our practice.

To continue receiving your prescriptions without interruption, we require the following:

- A scheduled office visit for a medication review.
- A review and signature on the updated Controlled Substance Agreement.
- A routine urine drug screening (if applicable).

Please contact our office at [Phone Number] before [Deadline Date] to schedule your appointment. Failure to renew the agreement may result in a delay or inability to refill your medications.

Thank you for your cooperation in ensuring your treatment plan remains safe and compliant with current regulations.

Sincerely,

[Provider Name]

[Practice Name]