

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

RE: NOTICE OF MISSED APPOINTMENT AND MEDICATION COMPLIANCE

Dear [Patient Name],

Our records indicate that you missed your scheduled appointment on [Date] at [Time] without providing prior notice. We missed the opportunity to see you and provide the necessary medical follow-up for your ongoing treatment plan.

As part of your treatment involving controlled substance medications, regular office visits are mandatory. These appointments are essential for monitoring your health, evaluating the effectiveness of your medication, and ensuring your safety. Our practice policy and federal/state regulations require consistent face-to-face evaluations to authorize prescription refills for controlled substances.

Please be advised of the following:

- **Prescription Refills:** We cannot provide refills for controlled substances until you are seen by your provider.
- **Compliance:** Adherence to scheduled appointments is a requirement of our Controlled Substance Agreement. Repeated missed appointments may result in the discontinuation of these medications or dismissal from our practice.
- **Rescheduling:** Please contact our office at [Phone Number] within [Number of Days] days to reschedule your visit.

If you are experiencing a medical emergency or are having an adverse reaction to your medication, please go to the nearest emergency room or call 911 immediately.

We value you as a patient and want to ensure you receive the safest and most effective care possible. We look forward to hearing from you soon.

Sincerely,

[Provider Name/Clinic Name]
[Clinic Phone Number]