[Date]

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

Subject: Final Courtesy Prescription Refill Notice

Dear [Patient Name],

This letter is to inform you that we have provided a final [Number of Days]-day courtesy refill for your maintenance medication: **[Medication Name]**.

Our records indicate that you are overdue for a follow-up appointment or required lab work. To ensure your safety and continue monitoring the effectiveness of your treatment, we cannot provide further refills until you are seen by your provider.

Please contact our office at [Phone Number] as soon as possible to schedule your appointment. If you have already scheduled a visit, please disregard this notice.

To avoid a gap in your medication therapy, we recommend scheduling your appointment before your current supply runs out.

Sincerely,

[Provider Name/Practice Name]
[Office Phone Number]