Date: [Current Date]

To: [Patient Name]
Date of Birth: [Patient DOB]
Address: [Patient Address]

Subject: Notice of Prescription Refill Denial

Dear [Patient Name],

We are writing to inform you that your recent refill request for **[Medication Name]** has been denied at this time.

Our records indicate that you have outstanding lab work that must be completed before we can safely authorize additional refills. Regular monitoring is necessary to ensure this medication remains safe and effective for your treatment plan.

Required Action:

- Please complete the required lab tests: [List Lab Tests, e.g., CBC, Metabolic Panel, etc.].
- If you have already completed these labs, please allow [Number] business days for our office to receive and review the results.
- Once the results have been reviewed by your healthcare provider, we will re-evaluate your refill request.

If you have not yet received a lab order, or if you need to schedule an appointment to discuss your treatment, please contact our office at [Phone Number].

Sincerely,

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