[Date]

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

Subject: Reminder: Your maintenance medication is ready for refill

Dear [Patient Name],

Our records show that it is time to refill your maintenance medication(s) listed below:

- [Medication Name] - [Dosage] - [Prescription Number]
- [Medication Name] - [Dosage] - [Prescription Number]

To ensure you do not run out of your medication, please choose one of the following options to place your order:

1. Online: Log in to your account at [Website URL].
2. Phone: Call our automated refill line at [Phone Number].
3. Mobile App: Use the [App Name] app on your smartphone.

Standard shipping is free and typically takes [Number] to [Number] business days. Please verify that your shipping address and payment information on file are current before finalizing your order.

If you no longer take this medication or if you have already requested this refill, please disregard this notice.

If you have any questions, please contact our pharmacy team at [Customer Service Phone Number].

Sincerely,

[Pharmacy Name]
[Pharmacy Contact Information]