[Date]

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

Subject: IMPORTANT: Required Consultation for Medication Refills

Dear [Patient Name],

Our records indicate that you are overdue for a clinical consultation. Our policy requires a periodic review of your treatment plan to ensure your medications remain safe and effective for your current health status.

Please be advised that we have provided a final [Number]-day bridge supply of your medication: **[Medication Name]**. After this supply is exhausted, we will be unable to authorize further refills until you have completed an appointment with [Provider Name].

To avoid a disruption in your treatment, please contact our office immediately at [Phone Number] or use our online portal at [URL] to schedule your follow-up visit.

If you have already scheduled an appointment or have recently seen another provider for this condition, please notify our staff so we can update your medical records.

Sincerely,

[Provider/Clinic Name]
[Department Name]
[Contact Information]