[Date]

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

Subject: Approval of Controlled Maintenance Substance Refill

Dear [Patient Name],

This letter is to formally notify you that your request for a refill of your maintenance medication, [Medication Name and Dosage], has been reviewed and approved.

The prescription has been electronically sent to your designated pharmacy:

Pharmacy Name: [Pharmacy Name]
Pharmacy Phone: [Pharmacy Phone Number]

Please note the following regarding your controlled substance prescription:

- This refill is for a [Number, e.g., 30 or 90] day supply.
- Your next eligible refill date is [Date].
- A follow-up appointment is required on or before [Date] to ensure continued therapy.

Please ensure you bring a valid government-issued photo ID to the pharmacy when picking up this medication, as per state and federal regulations.

If you have any questions or experience any side effects, please contact our office at [Office Phone Number].

Sincerely,

[Provider Signature]
[Provider Name, Title]
[Practice/Clinic Name]