

**Date:** [Current Date]

**Patient Name:** [Patient Name]

**Date of Birth:** [Patient DOB]

**Patient ID:** [Patient ID]

**Subject: SECOND NOTICE: Regarding Your Healthcare Follow-Up**

Dear [Patient Name],

We are writing to you because we have not received a response to our previous letter dated [Date of First Letter] regarding your follow-up care. Our records indicate that you are overdue for a [Type of Appointment/Procedure/Lab Test] that was originally scheduled for [Original Date].

It is important for your health and safety that we complete this follow-up. Failure to receive this care may result in [mention risks, e.g., complications, incomplete treatment, or inability to refill medications].

Please contact our office at [Phone Number] by [Date] to reschedule your appointment or to let us know if you are receiving care elsewhere. If you have already completed this follow-up, please disregard this notice and call us so we can update your medical record.

We look forward to hearing from you soon.

Sincerely,

[Provider Name/Clinic Name]

[Department Name]

[Phone Number]