

FINAL NOTICE - URGENT

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert DOB]

Patient ID: [Insert ID Number]

Dear [Insert Patient Name],

This is our final attempt to contact you regarding the results of your recent Pap smear performed on [Insert Date of Test].

Your laboratory results indicate an **abnormal finding** that requires immediate medical follow-up. We have attempted to reach you via [Phone/Mail/Portal] on several previous occasions without success.

It is critical that you contact our office at [Insert Phone Number] within [Insert Number] days to discuss these results and schedule necessary follow-up care. Abnormal results do not always indicate a serious condition, but further testing is required to ensure your health and safety.

If you have already sought care with another provider regarding these results, please notify us so we may update your records.

Failure to follow up may lead to a delay in diagnosis or treatment of a potentially serious medical condition.

Sincerely,

[Doctor Name/Practice Name]

[Clinic Address]

[Clinic Phone Number]