URGENT: ACTION REQUIRED

Date: [Insert Date]

To: [Patient Name]
Address: [Patient Address]
Date of Birth: [Patient DOB]

Dear [Patient Name],

We are contacting you regarding the results of your recent pregnancy-related blood tests conducted on [Date of Test].

Your results have been reviewed by your healthcare provider, and there are findings that require immediate discussion. Please contact our office urgently at [Phone Number] to speak with a nurse or your physician.

If you are calling after business hours and experience any of the following symptoms, please proceed to the nearest Emergency Room immediately:

- Severe abdominal pain
- Heavy vaginal bleeding
- Dizziness or fainting
- Shoulder pain

Please have your patient ID or insurance information ready when you call. We prioritize these follow-up appointments and will ensure you are seen or spoken to as quickly as possible.

Sincerely,

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