URGENT: MEDICAL FOLLOW-UP REQUIRED

Date: [Insert Date]

Patient Name: [Insert Patient Name]
Date of Birth: [Insert DOB]
Patient ID: [Insert ID Number]

Dear [Patient Name],

We are writing to inform you that the results of your recent tumor marker blood test, performed on [Insert Date of Test], are now available.

It is important that you contact our office as soon as possible to discuss these results with your physician. We would like to schedule a follow-up appointment within the next [Insert Number] days to review the findings and determine the next steps in your care.

Please call our clinic at [Insert Phone Number] during business hours to schedule this appointment. If you are calling after hours, please leave a message or contact our on-call service.

If you have already scheduled a follow-up visit regarding these results, please disregard this notice.

Sincerely,

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