URGENT MEDICAL NOTICE

Date: [Insert Date]

To: [Patient Name]
Address: [Patient Address]
Patient ID: [ID Number]

Subject: URGENT: Failure to Attend Mandatory Post-Operative Appointment

Dear [Patient Name],

Our records indicate that you missed your scheduled post-operative follow-up appointment on [Date] following your surgical procedure on [Surgery Date].

This appointment is a critical component of your surgical recovery. Failure to undergo a clinical evaluation at this stage significantly increases your risk of serious complications, including but not limited to:

- Internal or external infection
- Improper wound healing or dehiscence
- Undetected internal bleeding
- Adverse reactions to anesthesia or medication
- Permanent loss of function in the surgical area

Action Required Immediately:
Please contact our office at [Phone Number] within the next 24 hours to reschedule this mandatory evaluation. If you are experiencing fever, excessive pain, redness, or drainage at the incision site, go to the nearest Emergency Room immediately.

Please be advised that by missing these appointments, you are acting against medical advice, which may impact your recovery outcome and future insurance coverage for related complications.

We look forward to hearing from you immediately to ensure your safety.

Sincerely,

[Surgeon Name/Clinic Name]
[Contact Information]