[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

RE: SECOND NOTICE - Missed Post-Surgical Follow-Up Appointment

Dear [Patient Name],

Our records indicate that you have missed your second scheduled post-surgical follow-up appointment on [Date]. We previously attempted to contact you on [Date of First Notice] regarding your missed visit.

It is critical to your recovery that your surgeon evaluates your progress following your procedure on [Date of Surgery]. Failure to attend these follow-up appointments can result in undetected complications, improper healing, or permanent injury.

Please contact our office immediately at [Phone Number] to reschedule this essential visit. If you have already sought follow-up care with another physician, please let us know so we can update your medical records.

Your health and safety remain our primary concern. We look forward to hearing from you soon.

Sincerely,

[Doctor Name/Clinic Name]
[Department Name]
[Phone Number]