Date: [Insert Date]

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

RE: FINAL NOTICE - Missed Post-Operative Appointment

Dear [Patient Name],

Our records indicate that you have missed your scheduled post-operative follow-up appointment on [Date of Missed Appointment] following your procedure on [Date of Surgery]. This is our final attempt to contact you regarding your required aftercare.

Post-operative appointments are critical to monitor your healing process, prevent infections, and ensure there are no complications. By missing these appointments, you are assuming significant risks to your health and recovery.

Please contact our office immediately at [Phone Number] to reschedule this visit.

If we do not hear from you by [Insert Date], we will assume that you have chosen to seek follow-up care with another provider or have decided to discontinue treatment against medical advice. In such an event, we will formally close your surgical case file.

Your health and safety are our primary concerns. We look forward to hearing from you immediately.

Sincerely,

[Doctor/Surgeon Name]
[Practice/Clinic Name]
[Contact Information]