Date: [Date]

Patient Name: [Patient Name]
Address: [Patient Address]
Patient ID/DOB: [ID or Date of Birth]

Subject: IMPORTANT: Missed Post-Operative Follow-up Appointment

Dear [Patient Name],

Our records indicate that you did not attend your scheduled post-operative consultation on [Date of Missed Appointment] following your surgery on [Date of Surgery].

Post-operative follow-up appointments are a critical part of your surgical recovery. These visits allow your surgeon to monitor your healing progress, check for potential complications such as infection or internal issues, and ensure that your recovery is proceeding as expected.

By missing this appointment, you may be increasing the risk of undetected complications. Your health and safety are our primary concerns.

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

If you have already seen another physician for this follow-up or have decided to seek care elsewhere, please notify us so that we may update your medical records accordingly.

We look forward to hearing from you soon.

Sincerely,

[Doctor/Provider Name]
[Clinic/Hospital Name]
[Contact Information]