[Doctor or Clinic Name]
[Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Re: NOTICE OF MISSED CRITICAL POST-OPERATIVE APPOINTMENT

Dear [Patient Name],

Our records indicate that you missed your scheduled post-operative evaluation on [Date] at [Time].

This appointment is a critical component of your surgical recovery. The purpose of this visit is to monitor your healing process, check for signs of infection, and ensure there are no internal complications that could jeopardize your health or the success of your procedure.

Missing this evaluation poses a significant risk to your recovery. Please contact our office immediately at [Phone Number] to reschedule this appointment.

If you are experiencing any of the following symptoms, please seek emergency medical care or call 911 immediately:

- High fever or chills
- Excessive bleeding or discharge from the incision site
- Severe or worsening pain not controlled by medication
- Shortness of breath or chest pain
- Sudden swelling or redness in the surgical area

We look forward to hearing from you right away to ensure your continued safety and recovery.

Sincerely,

[Doctor Name/Signature]
[Clinic Name]