[Date]

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

Subject: IMPORTANT: MISSING POST-SURGICAL FOLLOW-UP APPOINTMENT

Dear [Patient Name],

Our records indicate that you missed your scheduled post-surgical follow-up appointment on [Date] following your procedure on [Date of Surgery]. We have attempted to contact you via [Phone/Email] on [Date] but have not received a response.

Follow-up care is a critical component of your recovery. These appointments allow us to monitor your healing process, check for signs of infection, manage your pain, and ensure that your recovery is progressing safely. Failing to attend these visits significantly increases the risk of complications that could lead to permanent injury or the need for additional surgery.

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 attention or call 911:

- High fever or chills
- Increased redness, swelling, or warmth at the incision site
- Pus or foul-smelling drainage from the wound
- Sudden shortness of breath or chest pain
- Severe pain that is not relieved by medication

If you have chosen to seek follow-up care with another provider, please notify us so that we may update your medical records and transfer the necessary documentation.

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

Sincerely,

[Doctor Name/Clinic Name]
[Contact Information]