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

Re: Missed Post-Operative Wound Check

Dear [Patient Name],

Our records indicate that you missed your scheduled post-operative wound check appointment on [Date] at [Time]. We attempted to contact you via [Phone/Email] on [Date] but have not received a response.

The period following your surgery is critical. A wound check is necessary to ensure that you are healing correctly and to monitor for signs of infection, such as redness, swelling, or discharge. Failure to attend these follow-up visits increases the risk of surgical complications.

Please contact our office immediately at [Phone Number] to reschedule this appointment. If you have already sought care elsewhere or have concerns regarding your recovery, please let us know as soon as possible.

If you are experiencing a fever, increased pain, or foul-smelling drainage from the incision site, please seek immediate medical attention or visit the nearest emergency room.

Sincerely,

[Doctor/Provider Name]
[Practice Name]
[Contact Information]