[Hospital or Clinic Letterhead]

[Date]

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

Re: Notice of Missed Post-Operative Follow-Up Appointment

Dear [Patient Name],

Our records indicate that you did not attend your scheduled post-operative follow-up appointment on [Date] following your procedure on [Date of Surgery].

Follow-up care is a critical component of your surgical recovery. These appointments allow your surgical team to monitor your healing process, remove sutures or staples if necessary, and identify any potential complications early. Failing to adhere to the post-discharge plan increases the risk of infection, improper healing, or other medical setbacks.

Please contact our office immediately at [Phone Number] to reschedule this essential appointment. If you have already sought follow-up care with another provider, please let us know so we may update your medical records.

If you are experiencing any of the following symptoms, please seek immediate medical attention or go to the nearest emergency room:

- Fever or chills
- Increased redness, swelling, or warmth at the incision site
- Drainage or pus from the wound
- Severe pain not relieved by medication
- Shortness of breath or chest pain

Your health and safety are our primary concerns. We look forward to hearing from you soon to ensure your continued recovery.

Sincerely,

[Physician Name/Provider Name]
[Practice/Department Name]
[Contact Information]