[Date]

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

RE: FINAL NOTICE - MISSING POST-OPERATIVE FOLLOW-UP

Dear [Patient Name],

Our records indicate that despite previous attempts to contact you, you have missed your scheduled post-operative follow-up appointments following your surgery on [Date of Surgery].

This is a **Final Warning**. Follow-up care is a critical component of your surgical recovery. These appointments allow us to monitor your healing, check for potential complications, and ensure the long-term success of your procedure. Failure to attend these evaluations may result in undetected infections, improper healing, or permanent injury.

By failing to schedule or attend these appointments, you are acting against medical advice and assuming all risks associated with the lack of professional post-surgical monitoring.

Please contact our office immediately at [Phone Number] to schedule your final evaluation. If we do not hear from you by [Deadline Date], we will assume you no longer wish to be under our care, and we will formally close your surgical case file.

Your health and safety remain our priority. We urge you to take this matter seriously.

Sincerely,

[Surgeon Name]
[Practice/Clinic Name]