Date: [Date]

Patient Name: [Patient Name]

Date of Birth: [Patient Date of Birth]

Patient Address: [Patient Address]

Subject: URGENT: Missed Diagnostic Imaging Appointment

Dear [Patient Name],

Our records indicate that you missed your scheduled diagnostic imaging appointment ([Type of Scan, e.g., X-ray, CT, Ultrasound]) on [Appointment Date] at [Facility Name].

This imaging was ordered during your visit to [Urgent Care Center Name] on [Date of Visit] to assist in the diagnosis and treatment of your current medical condition. It is important that these tests are completed to ensure you receive the appropriate care and to rule out serious underlying issues.

Please take the following action immediately:

- Call [Facility Name/Imaging Department] at [Phone Number] to reschedule your appointment.
- If you have already completed this imaging at another facility, please notify us at [Urgent Care Phone Number] so we can update your medical records.

If you are experiencing worsening symptoms, such as severe pain, shortness of breath, or high fever, please seek immediate medical attention at the nearest emergency room.

Sincerely,

[Provider Name/Medical Director]
[Urgent Care Center Name]
[Contact Phone Number]