Date: [Insert Date]

Patient Name: [Insert Patient Name]
Patient ID: [Insert Patient ID]
Address: [Insert Patient Address]

Subject: URGENT: Missed Pre-Operative Diagnostic Imaging Appointment

Dear [Insert Patient Name],

Our records indicate that you missed your scheduled diagnostic imaging appointment on [Insert Date of Missed Appointment] at [Insert Time].

This imaging is a mandatory requirement for your upcoming surgery scheduled on [Insert Surgery Date]. These results are essential for your surgical team to ensure your safety and the success of the procedure.

Important: Failure to complete this imaging may result in the postponement or cancellation of your surgery.

Please contact our scheduling department immediately at [Insert Phone Number] to reschedule this appointment. Our office hours are [Insert Hours of Operation].

If you have already rescheduled this appointment or have already completed the imaging at another facility, please notify us as soon as possible so we can update your file.

Sincerely,

[Insert Name/Department]
[Insert Facility Name]
[Insert Contact Information]