[Date]

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

Re: Missed Post-Operative Diagnostic Imaging Appointment

Dear [Patient Name],

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

This imaging is a critical part of your post-operative care following your recent surgery on [Date of Surgery]. It allows your surgical team to monitor your recovery, ensure proper healing, and identify any potential complications early.

Please contact our office as soon as possible at [Phone Number] to reschedule this appointment. If you have already rescheduled or have decided to seek care elsewhere, please let us know so we can update your medical records.

If you are experiencing any urgent symptoms such as increased pain, fever, or redness at the surgical site, please contact our clinical team immediately or seek emergency care.

Sincerely,

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