[Date]

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

URGENT: IMPORTANT MEDICAL NOTICE

Dear [Patient Name],

Our records show that you missed your scheduled appointment on [Date] at [Time] with [Provider Name].

We are concerned because this appointment is critical for managing your current health condition: [Condition Name]. Because your condition is classified as high-risk, missing your treatment or evaluation can lead to serious health complications or hospitalization.

Please contact our office immediately at [Phone Number] to reschedule this appointment. If you are experiencing any emergency symptoms, please call 911 or go to the nearest emergency room.

Your health and safety are our primary concerns. We look forward to hearing from you right away.

Sincerely,

[Provider/Clinic Name]
[Phone Number]
[Department Name]