[Practice Name]
[Practice Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Subject: Missed Follow-Up Appointment for Hypertension

Dear [Patient Name],

Our records show that you missed your scheduled hypertension (high blood pressure) follow-up appointment on [Date] at [Time].

Regular monitoring is a critical part of managing your blood pressure and reducing the risk of serious complications, such as heart disease and stroke. During these visits, we ensure your treatment plan is working effectively and adjust medications if necessary.

Please contact our office at [Phone Number] as soon as possible to reschedule this appointment. If you have already rescheduled or if you are now seeing a different provider for this condition, please let us know so we can update your medical record.

We look forward to hearing from you and continuing to assist you with your healthcare needs.

Sincerely,

[Provider Name/Clinic Name]