

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

Subject: FINAL NOTICE: Required Psychiatric Evaluation

Dear [Patient Name],

Our records indicate that you have not completed the required psychiatric evaluation scheduled for [Date] or requested by [Provider Name]. We have attempted to contact you on [List Dates of Previous Contact] without success.

Please be advised that this evaluation is a mandatory requirement for your ongoing treatment plan. Failure to complete this evaluation prevents us from providing safe and effective care. Specifically, this may impact:

- Your ability to receive medication refills.
- Your continued enrollment in our clinical program.
- Our ability to coordinate your care with other specialists.

You are requested to contact our office at [Phone Number] by [Deadline Date] to schedule this appointment. If we do not hear from you by this date, we will assume you no longer wish to receive services at this facility, and we may begin the process of formal discharge from our practice.

If you have already completed this evaluation or have an appointment pending, please contact us immediately so we can update your file.

Sincerely,

[Provider/Administrator Name]
[Facility Name]
[Contact Information]