

[Your Clinic Name]
[Your Clinic Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Subject: First Notice - Missed Specialist Referral Appointment

Dear [Patient Name],

This letter is to inform you that we have been notified by [Specialist Name/Clinic] that you did not attend your scheduled appointment on [Date of Appointment].

Your primary care provider, [Referring Physician Name], referred you to this specialist for the evaluation of [Condition/Reason for Referral]. Attending this consultation is an important step in managing your health and ensuring you receive the necessary care.

If you missed this appointment due to a scheduling conflict or an emergency, please contact the specialist's office directly at [Specialist Phone Number] to reschedule. If you no longer wish to pursue this referral or if you have already seen a different specialist, please contact our office so we can update your medical records.

If you are experiencing any barriers to attending your appointments, such as transportation issues or insurance concerns, please let us know so we can assist you.

Sincerely,

[Signature/Name]
[Title/Department]
[Your Clinic Name]