

**URGENT: ACTION REQUIRED**

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert Date of Birth]

Patient ID: [Insert Patient ID]

Dear [Patient Name],

This letter is to inform you that you missed your scheduled specialist appointment with [Specialist Name/Clinic Name] on [Appointment Date] at [Appointment Time].

We are concerned as this appointment is an essential part of your ongoing healthcare. Missing specialist consultations can lead to delays in diagnosis, treatment, and the management of your medical condition.

**Please contact our office immediately at [Phone Number] to reschedule this appointment.**

If you have already rescheduled or if you believe you have received this letter in error, please let us know so we can update our records. Additionally, if there are barriers preventing you from attending your appointments (such as transportation or scheduling conflicts), please inform us so we may assist you.

Please note that our office requires [Number] hours notice for cancellations. Failure to attend future appointments without notice may result in [mention policy, e.g., a missed appointment fee or discharge from the clinic].

Your health is our priority. We look forward to hearing from you soon.

Sincerely,

[Your Name/Department]

[Clinic/Facility Name]

[Phone Number]