

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

[Date]

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

Re: Missed Cardiology Consultation Appointment

Dear [Patient Name],

Our records show that you did not attend your scheduled cardiology referral appointment on [Date] at [Time].

Your primary care provider requested this consultation to evaluate your cardiovascular health. It is important that we complete this evaluation to address your heart health concerns and determine an appropriate treatment plan.

Please contact our office at [Phone Number] as soon as possible to reschedule this appointment. If you have decided not to pursue this referral or if you have already seen another specialist, please let us know so we can update your medical records.

We look forward to hearing from you.

Sincerely,

[Doctor Name/Office Manager]
[Clinic Name]