

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient Address: [Insert Patient Address]

Date of Birth: [Insert Date of Birth]

Subject: SECOND NOTICE: Requirement for Specialist Follow-up

Dear [Insert Patient Name],

This is our second attempt to contact you regarding the referral made on [Insert Date of Original Referral] for you to see a specialist in [Insert Specialty, e.g., Cardiology]. Our records indicate that you have not yet scheduled or attended this important appointment.

We are concerned about your health and want to emphasize that this referral is necessary for the proper diagnosis and treatment of your condition. Delaying this evaluation may lead to a worsening of your health status or complications that could have been avoided.

Specialist Information:

Name: [Insert Specialist Name/Facility]

Phone Number: [Insert Specialist Phone Number]

Please contact the specialist's office immediately to schedule your appointment. If you have already seen the specialist, or if there is a reason you are unable to attend, please notify our office at [Insert Your Phone Number] as soon as possible.

Your health is our priority. Please take this step to ensure you receive the necessary care.

Sincerely,

[Insert Doctor Name/Provider Name]

[Insert Practice Name]