

Date: [Date]

To: [Primary Care Physician Name]

Clinic Name: [Clinic Name]

Fax/Address: [Contact Information]

RE: Notice of Missed Specialist Evaluation

Patient Name: [Patient Name]

Date of Birth: [DOB]

Referral ID: [Referral Number, if applicable]

Dear Dr. [Physician Last Name],

This letter is to inform you that the above-named patient did not attend their scheduled specialist evaluation with our office.

Appointment Details:

- **Specialist Name:** [Specialist Name]
- **Specialty:** [Type of Specialty]
- **Missed Appointment Date:** [Date]
- **Reason (if known):** [No-show / Canceled with short notice]

Current Status:

- The patient has been contacted to reschedule.
- The patient could not be reached.
- The patient declined to reschedule at this time.

We are notifying your office to ensure the patient's medical records are updated and to allow for any necessary follow-up regarding the original reason for referral. If you would like us to attempt further outreach or if you wish to cancel this referral, please let us know.

Sincerely,

[Sender Name/Scheduler Name]

[Practice Name]

[Phone Number]