

[Clinic Name]
[Clinic Address]
[Phone Number]
[Date]

[Patient Name]
[Patient Address]

Subject: Follow-up Regarding Outstanding Specialist Referral

Dear [Patient Name],

Our records indicate that on [Date of Referral], a referral was made for you to see [Specialist Name/Department] regarding [Reason for Referral].

According to our current information, it appears that this appointment has not yet been attended or scheduled. We are contacting you to ensure that you received the referral information and to emphasize the importance of this consultation for your ongoing healthcare management.

Please select one of the following options:

- If you have already attended this appointment, please let our office know so we can request the consultation report.
- If you have an appointment scheduled for a future date, please inform us of the date.
- If you need the referral details resent to you, please contact our reception.
- If you have decided not to proceed with this specialist visit, please notify your primary care physician.

If we do not hear from you within [Number] days, we will assume you do not wish to pursue this referral at this time, and we will close this specific referral file.

Should you have any questions or concerns, please call our clinic at [Phone Number].

Sincerely,

[Doctor Name/Clinic Manager]
[Clinic Name]