

DATE: [Insert Date]

TO: [Patient Name]

ADDRESS: [Patient Address]

DOB: [Patient Date of Birth]

RE: URGENT HEALTH RISK WARNING - MISSED SPECIALIST APPOINTMENT

Dear [Patient Name],

Our records indicate that you have not attended the specialist consultation/procedure recently scheduled for you with [Specialist Name/Facility Name] for the following condition: [Insert Medical Condition].

We are contacting you because this specialist care is a critical component of your treatment plan. Failure to follow through with this referral may result in serious risks to your health, including but not limited to:

- Delayed diagnosis of a potentially serious condition.
- Worsening of current symptoms.
- Irreversible progression of your illness.
- Complications that may require emergency medical intervention.

Your health and safety are our primary concerns. If you missed this appointment due to scheduling conflicts, transportation issues, or financial concerns, please contact our office immediately so we can assist you in finding a solution.

Next Steps:

1. Contact [Specialist Name] at [Phone Number] to reschedule your appointment immediately.
2. Once rescheduled, please notify our office of the new date.
3. If you have decided to decline this specialist care against medical advice, please contact us so we can document your decision and discuss alternative options, if available.

If you have already attended this appointment or have one currently scheduled, please disregard this notice.

Sincerely,

[Provider Name/Signature]

[Clinic/Practice Name]

[Phone Number]