

FINAL NOTICE

Date: [Current Date]

Patient Name: [Patient Name]

Date of Birth: [Patient DOB]

Referral Specialist: [Specialist Name/Facility]

Original Referral Date: [Date]

Dear [Patient Name],

This is a final follow-up regarding the referral our office sent for you to see [Specialist Name/Facility] for [Reason for Referral].

Our records indicate that you have not yet scheduled or attended this appointment. We have attempted to contact you on previous occasions regarding this matter without success.

Please be advised that this referral is a critical part of your medical care. If you do not complete this consultation, we cannot properly manage your condition, and we may be unable to provide further treatment or refills related to this specific health concern.

Action Required:

- Contact the specialist's office at [Specialist Phone Number] to schedule your appointment.
- Once scheduled, please call our office at [Office Phone Number] to provide us with the appointment date.
- If you have already seen this specialist, please ask them to send a copy of the consultation report to our office immediately.

If we do not hear from you within [Number of Days] days, we will assume you are declining this recommended care, and this referral file will be closed.

Sincerely,

[Provider Name/Signature]

[Practice Name]