

[Date]

[Parent/Guardian Name]

[Patient Address]

[City, State, Zip Code]

RE: [Patient Name]

DOB: [Patient Date of Birth]

Dear [Parent/Guardian Name],

This letter is to inform you that [Patient Name] missed a scheduled specialist appointment with [Specialist Name/Clinic] on [Date of Appointment]. Our records show that this appointment was made following a referral from [Referring Provider Name].

Specialist consultations are an important part of your child's healthcare plan. Missing these appointments can delay necessary diagnosis or treatment. We want to ensure your child receives the best care possible.

Please contact the specialist's office directly at [Specialist Phone Number] to reschedule this visit. Once you have a new appointment date, or if you have decided not to pursue this referral, please notify our office at [Primary Care Phone Number].

If you are experiencing barriers to attending these appointments, such as transportation issues or scheduling conflicts, please let us know so we can assist you.

Sincerely,

[Provider Name/Staff Name]

[Clinic Name]