

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert Date of Birth]

Medical Record Number: [Insert MRN]

To: [Referring Physician Name / Primary Care Provider]

RE: Missed Specialist Referral Appointment

Dear Dr. [Physician Last Name],

This letter is to inform you that your patient, [Patient Name], did not attend their scheduled specialist consultation with [Specialist Name/Department] on [Appointment Date].

Our records indicate the following:

- The patient was a "No-Show" for the scheduled appointment.
- We attempted to contact the patient via [Phone/Letter/Portal] on [Date].
- The patient [has / has not] reached out to reschedule at this time.

Because this referral for [Reason for Referral/Condition] remains outstanding, we are notifying your office for clinical follow-up. Please advise if the referral is still required or if the patient's care plan has changed.

If the patient still requires this consultation, please ask them to contact our scheduling department at [Phone Number]. If we do not hear from the patient within [Number] days, the referral will be closed.

Sincerely,

[Your Name/Signature]

[Title/Clinic Name]

[Contact Information]