

Date: [Date]

To: [Specialist Name]
[Specialist Clinic Name]
[Address]
[City, State, Zip Code]

Subject: Notification of Missed Appointment - [Patient Name]

Dear Dr. [Specialist Last Name],

I am writing to inform you that our mutual patient, **[Patient Name]** (DOB: [Date of Birth]), missed their scheduled appointment with your office on [Date of Appointment].

As the primary care provider, I am concerned about the continuity of care regarding [Patient's Condition/Reason for Referral]. We are reaching out to the patient to discuss any barriers to attendance and to encourage them to reschedule with your office as soon as possible.

Please let us know if the patient has already contacted you to reschedule or if you have any specific recommendations for their follow-up care at this time.

Thank you for your partnership in this patient's care.

Sincerely,

[Your Name/Provider Name]
[Practice Name]
[Phone Number]