

Date: [Insert Date]

To: [Patient Name]

Address: [Patient Address]

Date of Birth: [Patient DOB]

Subject: SECOND NOTICE: IMPORTANT SAFETY INFORMATION REGARDING YOUR PRENATAL CARE

Dear [Patient Name],

This is our second attempt to contact you regarding your missed prenatal appointment on [Date of Missed Appointment]. We are concerned because we have not heard from you to reschedule this essential visit.

Regular prenatal check-ups are critical for monitoring the health and development of both you and your baby. Missing these appointments can prevent us from detecting and treating potential complications, such as high blood pressure, gestational diabetes, or issues with fetal growth.

Please contact our office immediately at [Phone Number] to reschedule your appointment.

If you have decided to seek care with another provider, please notify us so that we may assist you in transferring your medical records and ensure you have continuity of care.

If you are experiencing any of the following symptoms, please seek emergency medical attention or go to the nearest Labor and Delivery unit immediately:

- Severe headache or vision changes
- Severe abdominal pain
- Vaginal bleeding or leaking of fluid
- Decrease in baby's movement
- Persistent nausea or vomiting

Your health and the safety of your pregnancy are our highest priorities. We look forward to hearing from you today.

Sincerely,

[Provider Name/Signature]

[Clinic/Practice Name]

[Phone Number]