

URGENT MEDICAL NOTICE

Date: [Date]

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Patient ID: [ID Number]

Dear [Patient Name],

Our records indicate that you missed a critically important prenatal appointment scheduled for [Date of Appointment] at [Time].

Because your pregnancy is classified as **high-risk**, regular monitoring is essential to ensure both your safety and the health of your baby. Missing scheduled examinations, ultrasounds, or laboratory tests significantly increases the risk of undetected complications.

Action Required:

Please contact our office immediately at [Phone Number] to reschedule this visit. If you are experiencing any of the following symptoms, go to the nearest emergency room or call 911 immediately:

- Severe headache or vision changes
- Sudden swelling in face or hands
- Decreased fetal movement
- Vaginal bleeding or leaking of fluid
- Severe abdominal pain or contractions

If you have already rescheduled this appointment or are receiving care elsewhere, please notify us so we can update your medical records.

Your health and the health of your baby are our highest priorities.

Sincerely,

[Doctor/Provider Name]

[Clinic/Practice Name]

[Phone Number]