

Date: [Insert Date]

To: [Patient Name]

Address: [Patient Address]

Date of Birth: [Patient DOB]

Patient ID: [Patient ID Number]

Subject: URGENT: Missed Maternity Ultrasound Appointment

Dear [Patient Name],

Our records indicate that you did not attend your scheduled maternity ultrasound appointment on [Insert Date of Appointment] at [Insert Location/Clinic Name].

Routine ultrasounds are a vital part of your prenatal care. These scans are performed to:

- Monitor the growth and development of your baby.
- Check the position and health of the placenta.
- Assess amniotic fluid levels.
- Identify any potential complications that may require medical intervention.

Safety Notice: Missing scheduled scans can result in delayed diagnosis of conditions that could affect your health or the health of your baby. It is important that we reschedule this appointment as soon as possible.

Please contact the Radiology/Ultrasound Department at [Insert Phone Number] within the next 24-48 hours to reschedule. If you have already had this scan elsewhere or have concerns you wish to discuss, please contact your Midwife or Obstetrician at [Insert Provider Phone Number].

If you are experiencing any urgent symptoms such as abdominal pain, bleeding, or a decrease in your baby's movements, please seek immediate medical attention at [Insert Emergency Dept or Triage Name/Phone].

Sincerely,

[Sender Name/Signature]

[Title/Department]

[Healthcare Facility Name]