

DATE: [Insert Date]

TO: [Patient Name]

DOB: [Patient Date of Birth]

ADDRESS: [Patient Address]

RE: URGENT MEDICAL NOTIFICATION - UNABLE TO CONTACT

Dear [Patient Name],

We are writing to you because we have been unable to reach you by telephone or electronic messaging regarding your prenatal care. Our records indicate that you have missed [Number] scheduled appointments and/or required clinical tests.

Regular prenatal monitoring is essential for the safety of both you and your baby. Failure to receive consistent medical supervision can lead to undetected complications, including high blood pressure, gestational diabetes, or fetal distress.

Please contact our office immediately at [Phone Number] to schedule your follow-up appointment or to confirm you are receiving care elsewhere.

If you are experiencing any of the following "Warning Signs," please go to the nearest Labor and Delivery Triage or Emergency Room immediately:

- Severe headache that does not go away.
- Changes in your vision (blurriness or seeing spots).
- Pain in the upper stomach or chest.
- Difficulty breathing.
- Swelling of the face or hands.
- Sudden decrease in the baby's movement.
- Vaginal bleeding or leaking of fluid.

Your health and the health of your pregnancy are our primary concerns. We look forward to hearing from you right away.

Sincerely,

[Provider Name/Clinic Name]

[Department Name]

[Contact Information]