

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Follow-Up Appointment Missed on [Date of Appointment]

Dear [Patient Name],

Our records indicate that you did not attend your scheduled follow-up appointment at [Urgent Care Center Name] on [Date of Appointment].

We scheduled this visit to monitor your recovery and review the progress of the treatment provided during your recent urgent care visit on [Original Visit Date]. It is important for your health and safety that we evaluate your condition to ensure you are healing as expected.

Please contact our office at [Phone Number] as soon as possible to reschedule this appointment. If you are experiencing new or worsening symptoms, please seek immediate medical attention or visit the nearest emergency room.

If you have already rescheduled or have sought follow-up care with your primary care physician, please let us know so we can update your medical records.

Sincerely,

[Provider Name/Clinic Manager]

[Urgent Care Center Name]

[Phone Number]