

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

RE: SECOND NOTICE - URGENT FOLLOW-UP REQUIRED

Dear [Patient Name],

We are writing to you because you have missed your scheduled follow-up appointment on [Date] following your recent visit to [Urgent Care Center Name] on [Original Visit Date].

This is our second attempt to contact you. It is very important that you complete your follow-up care to ensure your condition is improving and to prevent any potential complications. Your health and safety are our primary concerns.

Please contact our office immediately at [Phone Number] to reschedule this appointment. If you have already sought follow-up care with your primary care physician or another specialist, please let us know so we can update your medical records.

If you are experiencing a medical emergency, please dial 911 or go to the nearest emergency room immediately.

Sincerely,

[Provider Name/Clinic Manager]

[Urgent Care Center Name]

[Phone Number]