

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert DOB]

Date of Service: [Insert Date of Visit]

Subject: FINAL NOTICE: Urgent Care Follow-Up Required

Dear [Insert Patient Name],

This is a final attempt to contact you regarding your recent visit to [Insert Clinic Name] on [Insert Date]. Our records indicate that you have not yet completed the necessary follow-up care or testing discussed during your appointment.

Your provider requested a follow-up for the following reason(s):
[Insert specific reason, e.g., abnormal lab results, wound check, specialist referral]

Failure to follow up may lead to complications or a delay in necessary medical treatment. We strongly urge you to take one of the following actions immediately:

- Call our office at [Insert Phone Number] to schedule an appointment.
- Contact your primary care physician to coordinate your ongoing care.
- Visit the nearest Emergency Room if you are experiencing worsening symptoms.

If you have already received follow-up care elsewhere, please notify us so we can update your medical records.

Sincerely,

[Insert Provider Name/Clinic Name]

[Insert Phone Number]

[Insert Clinic Address]