

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert DOB]

Date of Visit: [Insert Visit Date]

Subject: IMPORTANT: Reminder to Schedule Your Follow-Up Appointment

Dear [Patient Name],

Our records indicate that during your recent visit to [Clinic Name] on [Visit Date], our medical team recommended a follow-up appointment. As of today, we have not yet scheduled this visit for you.

Following up is an essential part of your treatment plan to ensure you are recovering properly and to prevent further complications. During this visit, we will review your progress and adjust your care as needed.

Please call us at [Phone Number] at your earliest convenience to schedule your appointment. You may also schedule online through our patient portal at [Link].

If you have already seen another provider for this issue or have already scheduled an appointment, please let us know so we can update your medical record.

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

Sincerely,

[Provider Name/Clinic Name]

[Clinic Address]

[Clinic Phone Number]