

Date: [Insert Date]

To: [Primary Care Physician/Specialist Name]
[Clinic/Practice Name]
[Address]

RE: Urgent Follow-Up Evaluation

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Discharge Date: [Date]

Dear Dr. [Provider Last Name],

This letter is to request an urgent follow-up appointment for the above-named patient who was recently discharged from [Hospital Name] following an admission for [Primary Diagnosis/Reason for Hospitalization].

The hospital discharge summary indicates that a clinical evaluation is required within [Number] days to monitor the patient's recovery and manage the following concerns:

- [Concern/Symptom 1]
- [Concern/Symptom 2]
- [Medication Adjustment/Review]

Please find the attached discharge summary and current medication list for your review. We would appreciate the earliest possible appointment to ensure continuity of care and prevent potential readmission.

If there are any specific instructions or preparation needed prior to this visit, please inform the patient at [Patient Phone Number].

Thank you for your immediate attention to this matter.

Sincerely,

[Your Name/Signature]
[Your Relationship to Patient or Title]
[Your Contact Information]