

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Missed Post-Hospital Discharge Follow-up Appointment

Dear [Patient Name],

Our records indicate that you missed your scheduled follow-up appointment on [Date] at [Time] with [Provider Name].

This appointment is a critical part of your recovery following your recent hospital discharge. It allows us to monitor your progress, review your medications, and ensure you are healing as expected to prevent any complications or readmission to the hospital.

Your health is our priority. Please contact our office as soon as possible at [Phone Number] to reschedule this visit. If you have already rescheduled or are receiving care elsewhere, please let us know so we can update your medical record.

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

Sincerely,

[Provider/Clinic Name]

[Facility Name]

[Phone Number]