[Hospital or Clinic Name]
[Department Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]

Date: [Date]

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Patient ID: [ID Number]

RE: URGENT - OVERDUE IMMUNOTHERAPY TREATMENT

Dear [Patient Name],

Our records indicate that you have missed your scheduled immunotherapy treatment originally set for [Date].

Consistency is critical for the success of immunotherapy. Missing or delaying doses can reduce the effectiveness of the treatment and may impact your overall recovery or long-term outcomes. It is important that we get your treatment schedule back on track as soon as possible.

Please contact our office immediately at [Phone Number] to reschedule your appointment. If you have already rescheduled or have decided to discontinue treatment, please let us know so we can update your medical records and inform your oncologist.

If you are experiencing any side effects, transportation issues, or other barriers preventing you from attending your appointments, please discuss this with us so we can assist you.

We look forward to hearing from you soon.

Sincerely,

[Doctor Name/Clinical Coordinator]
[Title]
[Clinic Name]