

[Hospital or Clinic Name]

[Department of Cardiology/Pacing Clinic]

[Address Line 1]

[Address Line 2]

[Phone Number]

Date: [Current Date]

RE: URGENT - OVERDUE PACEMAKER CHECK AND CARDIOLOGY REVIEW

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Hospital Number: [ID Number]

Dear [Patient Name],

Our records indicate that you are currently overdue for your routine pacemaker interrogation and cardiology follow-up appointment. Regular monitoring is essential to ensure your device is functioning correctly and to check the remaining battery life.

We have attempted to contact you previously but have not received a response. It is important for your safety that we perform this check as soon as possible.

Action Required:

Please contact our scheduling office within 5 business days to arrange your appointment:

- **Phone:** [Insert Phone Number]
- **Office Hours:** [Insert Hours, e.g., Monday-Friday, 8am-4pm]

If you have already had your device checked at a different facility, or if you have any questions regarding this notice, please call us so we can update your medical records accordingly.

Thank you for your prompt attention to this matter.

Sincerely,

[Doctor/Technician Name]

[Title]

[Department Name]