

FINAL NOTICE

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Address: [Insert Address]

Date of Birth: [Insert DOB]

Patient ID: [Insert ID Number]

Subject: FINAL NOTICE - Urgent Pacemaker and Cardiology Review

Dear [Insert Patient Name],

Records indicate that despite previous notifications, you have not yet attended your mandatory pacemaker check and cardiology review. This is our final request for you to schedule this essential appointment.

Regular monitoring of your pacemaker is critical to ensure:

- The battery life is sufficient.
- The device is functioning correctly for your heart's needs.
- The leads and settings are optimized for your safety.

Failure to have your device checked regularly may pose a significant risk to your health. If we do not hear from you within [Insert Number of Days] days, we may be required to notify your primary care physician of your non-compliance with this essential medical follow-up.

Please call our clinic immediately at [Insert Phone Number] to schedule your appointment.

If you have already had your device checked at another facility or have an appointment scheduled elsewhere, please contact us so we can update our records.

Sincerely,

[Insert Name/Signature]

[Insert Department Name]

[Insert Clinic/Hospital Name]