

[Practice Name]  
[Practice Address]  
[Phone Number]  
[Date]

[Patient Name]  
[Patient Address]

Dear [Patient Name],

**Subject: Routine Anticoagulation Therapy Monitoring**

Our records show that you are currently prescribed anticoagulation medication (blood thinners). To ensure your medication dosage is safe and effective, you are required to have regular blood tests.

According to our files, your routine monitoring is now due. Please contact the clinic at [Phone Number] or use our online booking system to schedule your appointment for a blood test.

**Required Test:** [INR / Blood Test Type]

**Deadline:** Please complete this test by [Date].

Regular monitoring is essential to prevent complications such as bleeding or blood clots. If you have already had this test performed recently at another facility, please let us know so we can update your records.

If you have any questions, please contact the clinic.

Sincerely,

[Doctor/Provider Name]  
[Practice Name]