

[Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Subject: URGENT: Overdue Anticoagulation Therapy Blood Test

Dear [Patient Name],

Our records indicate that you are overdue for your routine blood test (INR/Monitoring) required for your anticoagulation medication (e.g., Warfarin, Coumadin, or other blood thinners).

Regular monitoring is essential to ensure your dosage is safe and effective. Taking these medications without regular testing increases the risk of serious complications, including internal bleeding or blood clots.

Please contact our office immediately at [Phone Number] to schedule your blood test or to confirm that you have had this test completed elsewhere.

If you have already completed this test in the last 48 hours, please disregard this letter.

Sincerely,

[Physician/Provider Name]
[Clinic Name]