

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

**RE: FINAL NOTICE - URGENT Anticoagulation Monitoring Required**

Dear [Patient Name],

This is our final attempt to contact you regarding your essential anticoagulation therapy (blood thinner) monitoring. Our records indicate that you are overdue for your required blood test (INR/PT) and have not responded to our previous notifications.

Regular monitoring is critical to your safety. Without these tests, we cannot determine if your dosage is correct. This increases your risk of serious complications, including life-threatening bleeding or blood clots (stroke).

**Action Required Immediately:**

- Please contact our office at [Phone Number] today to schedule your lab work or update us on your status.
- If you have already had your blood drawn in the last 48 hours, please disregard this notice.

Please be advised that if we do not hear from you by [Date], we may no longer be able to safely manage your anticoagulation prescription. Your health and safety are our primary concerns.

Sincerely,

[Doctor Name/Clinic Name]

[Phone Number]

[Clinic Address]