

**Date:** [Insert Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

**Subject: IMPORTANT: Missed Anticoagulation Monitoring Appointment**

Dear [Patient Name],

Our records indicate that you missed your scheduled appointment on [Date of Missed Appointment] for your anticoagulation therapy (blood thinner) monitoring.

Regular blood tests (INR/PT) are essential while you are taking [Name of Medication, e.g., Warfarin]. These tests ensure that your dosage is safe and effective. Missing these checks increases your risk of serious complications, such as blood clots or excessive bleeding.

**Please contact our office immediately at [Phone Number] to reschedule this appointment.**

If you have already had your blood drawn at another facility or have already rescheduled, please disregard this letter.

Your health and safety are our priority. We look forward to hearing from you soon.

Sincerely,

[Provider/Clinic Name]

[Department Name]

[Contact Information]