

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

[Date]

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

Subject: Reminder for Anticoagulation Monitoring

Dear [Patient Name],

Our records indicate that you are due for your routine follow-up appointment and blood work to monitor your anticoagulation therapy (blood thinner medication).

Regular monitoring is essential to ensure that your dosage is safe and effective. These tests help us minimize the risk of complications such as blood clots or excessive bleeding.

Required Action:

- Please contact our office at [Phone Number] to schedule your appointment.
- If you have already completed your lab work in the last 48 hours, please disregard this notice.

If you have any questions or have stopped taking this medication, please let us know immediately.

Sincerely,

[Provider Name/Clinic Staff]
[Practice Name]