

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

RE: Urgent Requirement for Anticoagulation Blood Test (INR/DOAC Monitoring)

Our records indicate that you are overdue for your routine blood test to monitor your anticoagulant medication (blood thinners). According to our files, your last test was on [Date of Last Test].

Regular monitoring is essential for your safety. Taking this medication without regular blood tests increases your risk of serious complications, including life-threatening bleeding or blood clots (stroke).

Please contact the clinic at [Phone Number] within the next [Number] days to schedule your blood test. If you have already had this test performed elsewhere recently, please let us know so we can update your records.

Failure to attend for monitoring may result in us being unable to safely issue further prescriptions for this medication.

Thank you for your immediate attention to this matter.

Sincerely,

[Provider Name/Signature]

[Clinic/Practice Name]