

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Important Follow-up for Anticoagulation Therapy Monitoring

Dear [Patient Name],

We are writing to you regarding your transition of care and the ongoing management of your anticoagulation therapy (blood thinner medication). Regular monitoring is essential to ensure your medication dosage is safe and effective.

Our records indicate that you are due for a follow-up appointment and/or lab work to check your blood levels. It is important that these tests are completed to prevent complications such as bleeding or blood clots.

Please contact our office at [Phone Number] to schedule your appointment or to confirm that you have completed your required lab tests at an external facility.

If you have already scheduled this appointment or completed your labs in the last few days, please disregard this letter.

Current Medication: [Medication Name]

Last Lab Date: [Date of Last Test]

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

Sincerely,

[Provider/Clinic Name]

[Department Name]

[Contact Information]