

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert Date of Birth]

Patient ID: [Insert ID Number]

Subject: URGENT FOLLOW-UP REQUIRED: Elevated Blood Pressure Reading

Dear [Patient Name],

This letter is to follow up on your recent clinical encounter on [Date of Visit], where a significantly elevated blood pressure reading of [Insert BP Reading] mmHg was recorded.

Because this reading is higher than the recommended target range, it requires urgent medical assessment to ensure your safety and to prevent potential complications such as stroke or heart attack.

Required Actions:

- Please contact our office immediately at [Phone Number] to schedule a follow-up appointment.
- If our office is closed, please seek medical attention at an Urgent Care center or the nearest Emergency Department.
- If you experience chest pain, shortness of breath, severe headache, blurred vision, or sudden weakness, call 911 or emergency services immediately.

Please bring a list of your current medications and any home blood pressure logs to your follow-up appointment.

Your health and safety are our primary concerns. We look forward to hearing from you immediately.

Sincerely,

[Provider Name]

[Clinic/Practice Name]

[Contact Information]