

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: SECOND NOTICE - Follow-up on Specialist Referral

Dear [Patient Name],

We are contacting you again regarding the referral sent on [Date of Original Referral] for you to see [Specialist Name/Specialty] at [Facility Name].

Our records indicate that we have not yet received a consultation report or confirmation that your appointment has taken place. This referral was recommended to address [Brief Reason for Referral, e.g., your chronic knee pain].

If you have already scheduled or attended this appointment, please let our office know so we can update your medical records. If you have not yet made an appointment, we strongly encourage you to call the specialist's office at [Specialist Phone Number] as soon as possible.

If you are experiencing barriers to scheduling this appointment, such as insurance issues or transportation difficulties, please contact us at [Primary Office Phone Number] so we can assist you.

Your health is our priority, and ensuring you receive this specialized care is an important part of your treatment plan.

Sincerely,

[Provider Name/Medical Assistant Name]

[Clinic Name]