

[Current Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

RE: FINAL NOTICE - Referral for [Specialty/Service]

Dear [Patient Name],

This is a final follow-up regarding the referral made by [Referring Physician Name] on [Original Referral Date] for [Reason for Referral]. Our records indicate that you have not yet scheduled an appointment with [Specialist Name/Facility Name].

We have attempted to contact you on multiple occasions to assist with this process. Please be advised that if we do not hear from you by [Deadline Date], we will close this referral file. If you require this specialist care after that date, a new referral may be required from your primary care provider.

To schedule your appointment, please contact [Specialist Office Name] directly at [Specialist Phone Number].

If you have already scheduled this appointment, have already seen the specialist, or have decided not to proceed with this referral, please notify our office at [Office Phone Number] so we can update your medical record.

Sincerely,

[Sender Name/Department]

[Clinic/Medical Practice Name]

[Office Phone Number]