

URGENT MEDICAL NOTICE

Date: [Insert Current Date]

To: [Patient Name]

Address: [Patient Address]

Phone: [Patient Phone Number]

Subject: Reminder - Urgent Cardiology Referral Appointment

Dear [Patient Name],

This is a formal reminder regarding your urgent cardiology referral appointment. Our records indicate that your physician has requested this evaluation as a priority to address concerns related to your heart health.

Appointment Details:

- **Date:** [Insert Appointment Date]
- **Time:** [Insert Appointment Time]
- **Location:** [Insert Clinic/Hospital Name and Address]
- **Doctor/Specialist:** [Insert Doctor Name]

Please arrive [Insert Number, e.g., 15] minutes early to complete any necessary paperwork. Remember to bring a list of your current medications and your insurance information.

Important: Due to the urgent nature of this referral, it is critical that you attend this scheduled time. If you cannot attend, please call us immediately at [Insert Phone Number] to reschedule. If you experience chest pain, severe shortness of breath, or fainting before your appointment, please call emergency services or go to the nearest emergency room.

Thank you for your prompt attention to this matter.

Sincerely,

[Sender Name/Department]

[Clinic/Hospital Name]

[Contact Phone Number]