

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Reminder - Outstanding Specialist Referral

Dear [Patient Name],

Our records show that a referral was issued for you on [Date of Referral] to see a specialist in [Department/Specialty Name]. As of today, we have not received a notification that this appointment has been scheduled or completed.

If you have already scheduled this appointment, please let us know the date and the name of the specialist. If you have not yet made an appointment, we encourage you to contact the specialist's office as soon as possible at [Specialist Phone Number].

If you no longer wish to pursue this referral, or if you are having difficulty scheduling the appointment, please contact our office at [Office Phone Number] so we can update your medical record or provide assistance.

Your health is important to us, and we want to ensure you receive the necessary follow-up care.

Sincerely,

[Doctor/Provider Name]

[Practice/Clinic Name]