

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Follow-up Regarding Your Gastroenterology Referral

Dear [Patient Name],

Our records indicate that a referral was submitted by [Referring Physician Name] on [Date of Original Referral] for a consultation with our Gastroenterology department.

To date, we have not yet scheduled your appointment. We would like to ensure you receive the care you need. Please contact our scheduling office at your earliest convenience to arrange a time for your visit.

Scheduling Department Phone: [Phone Number]

Hours of Operation: [Hours, e.g., Monday - Friday, 8:00 AM to 5:00 PM]

If you have already scheduled this appointment or have decided not to proceed with this referral, please let us know so we can update your medical record.

Thank you for choosing [Practice/Hospital Name]. We look forward to hearing from you.

Sincerely,

[Sender Name/Department Name]

[Practice/Hospital Name]

[Contact Phone Number]