

Date: [Current Date]

To: [Patient Name]

Address: [Patient Address]

Phone: [Patient Phone Number]

Subject: ACTION REQUIRED: Reminder Regarding Your Specialist Referral

Dear [Patient Name],

This is a reminder regarding the referral issued by [Referring Physician Name] on [Date of Original Referral] for you to see a specialist in [Specialty, e.g., Cardiology].

Our records indicate that we have not yet received a consultation report or confirmation that an appointment has been scheduled. Seeking specialized care is an important step in managing your health, and we want to ensure you receive the necessary follow-up.

Please complete one of the following actions:

- **If you have already scheduled an appointment:** Please call our office at [Office Phone Number] to provide us with the date and the name of the specialist.
- **If you have not yet scheduled an appointment:** Please contact [Specialist Name/Clinic] at [Specialist Phone Number] as soon as possible to book your visit.
- **If you no longer wish to pursue this referral:** Please contact our office so we can update your medical records accordingly.

If you are experiencing any difficulties scheduling this appointment, such as insurance issues or long wait times, please let us know so we may assist you.

Thank you for your prompt attention to this matter.

Sincerely,

[Doctor/Provider Name]

[Practice Name]

[Practice Phone Number]