[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Subject: Follow-up regarding your Patient Portal registration

Dear [Patient Name],

We are reaching out because our records show that you have not yet completed your registration for the [Name of Practice/Hospital] Patient Portal.

The Patient Portal is a secure way for you to manage your healthcare online. By registering, you can:

- View lab results and medical records.
- Message your care team directly.
- Request prescription refills.
- Schedule or change appointments.
- Pay medical bills online.

How to get started:

1. Visit our website at: [Link to Portal]
2. Click on "Register" or "Create Account."
3. Use your unique registration code: [Insert Code, if applicable].

If you have already registered, please disregard this letter. If you need assistance with the registration process or have lost your login information, please call our office at [Phone Number] or visit the front desk during your next visit.

Thank you for choosing [Name of Practice/Hospital] for your healthcare needs.

Sincerely,

[Name of Practice/Hospital]
[Phone Number]
[Website]