

## **URGENT: FINAL REMINDER**

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert DOB]

Scheduled Surgery Date: [Insert Surgery Date]

Dear [Patient Name],

This is a final reminder regarding the required pre-operative medical clearance for your upcoming surgery. As of today, our records indicate that we have not yet received the following documentation:

- [List missing item, e.g., Clearance letter from Primary Care Physician]
- [List missing item, e.g., Recent EKG results]
- [List missing item, e.g., Blood work/Lab results]

**Action Required:** Please contact your physician immediately to ensure these documents are faxed to our office at [Insert Fax Number] or emailed to [Insert Email Address].

Failure to provide these documents by [Insert Deadline Date/Time] will result in the **cancellation or rescheduling** of your surgical procedure to ensure your safety.

If you have already sent these documents, please call our office at [Insert Phone Number] to confirm receipt.

Thank you for your immediate attention to this matter.

Sincerely,

[Your Name/Department Name]

[Surgical Facility/Office Name]

[Phone Number]