

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Follow-Up Regarding Pending Medical Records/Information

Dear [Patient Name],

We are writing to follow up on your patient file at [Clinic Name]. Our records indicate that we are still missing the following information or documentation required to complete your medical profile:

- [Item 1: e.g., Signed HIPAA Authorization Form]
- [Item 2: e.g., Lab Results from external facility]
- [Item 3: e.g., Insurance Card Copy]

To ensure that there are no delays in your treatment or the processing of your insurance claims, please provide these documents at your earliest convenience. You may submit them via:

- Email: [Clinic Email Address]
- Fax: [Fax Number]
- In-Person: Drop off at our front desk during office hours.

If you have already submitted this information or have any questions, please contact our office at [Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Staff Name/Department]

[Clinic Name]

[Phone Number]