

(Office Practice Letter Head)

Date

Patient's name

Address

Dear (patient's name):

On \_\_\_(date)\_\_\_\_\_, you did not keep your appointment at my office. I feel your medical condition requires continued attention and treatment. I am concerned for your health and well-being should you not seek medical care. Please call my office (phone number) to reschedule your appointment. If you would like to discuss any concerns you may have, please call (name of Office Manager or Doctor).

If you would like to transfer your care to another physician, I suggest you do so without delay. In order to transfer a copy of your medical records from our office to your new physician, you need to sign our "Release of Medical Records Form." You may come to the office to sign the form or call our office and ask that we mail the form to you.

I hope to see or hear from you in the near future.

Very truly yours,

\_\_\_\_\_, MD