

Sample Letter: Patients Who Cancel or Fail to Keep Appointments

[Send by certified mail, return receipt requested]

[Date]

[Patient's Name and Address]

Dear [Patient's Name],

Our records indicate that you [canceled or failed to keep] your appointment on [Dates] without rescheduling. We have been unable to reach you by telephone.

Our goal is to offer the best possible care to our patients. To maintain [your/your child's] health [and keep up with immunizations and follow-up care and treatment], it is important that you keep your scheduled appointments.

You will recall that we discussed the need for a follow-up appointment in my office on [indicate date of last visit or discussion]. Failure to adhere to the agreed-upon plan of care may have significant health consequences.

It is important that you schedule an appointment within the next [indicate number of days/weeks/months].

[If the patient has a condition that requires specific care, use patient-friendly language to state the type of care and the consequences of not following up.]

[If the patient has a condition that needs periodic follow-up, use patient-friendly language to state the frequency and urgency of the follow-up, and state the consequences of not getting the follow-up at the recommended time interval.]

Delays in care could jeopardize [your/your child's] health. Please contact our office at [Telephone Number] as soon as possible to reschedule.

We understand that circumstances may arise that make it impossible for you to keep a scheduled appointment. If this should happen in the future, please call us as soon as you know the appointment will be missed so that we may cancel your appointment and use the appointment time for another patient or family.

Sincerely,

[Practitioner's or Practice Manager's Name]

[Copy to be placed in the patient's record]

Sample Letter: Patients Who Fail to Follow up on Lab and/or Diagnostic Tests

[Send by certified mail, return receipt requested]

[Date]

[Patient's Name and Address]

Dear [Patient's Name],

This is a reminder that you have not completed the following lab and/or diagnostic tests that were ordered on [Date] by [Name of Practitioner]:

- [List pending lab and/or diagnostic tests]

It is important that you complete these lab and/or diagnostic tests prior to your next appointment on [Date] so that we can determine the next steps in [your/your child's] treatment plan.

As your practitioner, we care about [your/your child's] health and well-being. Failure to complete these lab and/or diagnostic tests could jeopardize [your/your child's] health.

If you have any questions, please contact our office at [Telephone Number].

Sincerely,

[Practitioner's or Practice Manager's Name]

[Copy to be placed in the patient's record]

Sample Letter: Patients Who Fail to Follow up With Specialists

[Send by certified mail, return receipt requested]

[Date]

[Patient's Name and Address]

Dear [Patient's Name],

This is a reminder that you have not followed through on seeing the [Insert type] specialist referred by [Name of Practitioner].

It is important that you schedule an appointment with the [Insert type] specialist within the next [Indicate number of days or weeks] so that we can determine the next steps in [your/your child's] treatment plan.

As your practitioner, we care about [your/your child's] health and well-being. Failure to follow up with the specialist could jeopardize [your/your child's] health.

If you have any questions, please contact our office at [Telephone Number].

Sincerely,

[Practitioner's or Practice Manager's Name]

[Copy to be placed in the patient's record]

These sample letters are for reference purposes only. They should be used as a general guideline and not a statement of standard of care and should be edited and amended to reflect policy requirements of your practice site(s), CMS, and accreditation requirements, if any, and legal requirements of your individual state(s).

Developed by Patti L. Ellis, RN, CPHRM, Patient Safety Risk Manager II, The Doctors Company

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