

Urgent Medical Guidance

Date: [Insert Date]

To: [Patient's Name]

Address: [Patient's Address]

Dear [Patient's Name],

This letter serves as an urgent notification regarding your recent medical situation. It has come to our attention that you may require immediate medical guidance outside of regular office hours.

If you are experiencing any of the following symptoms, please seek medical attention immediately:

- Severe chest pain
- Difficulty breathing
- Uncontrolled bleeding
- Severe allergic reactions

You can reach our after-hours emergency line at [Emergency Contact Number]. Please have your medical records and any medications you are currently taking accessible when you call.

It is important to address these symptoms promptly to ensure your well-being.

We appreciate your attention to this matter and wish you a swift recovery.

Sincerely,

[Your Name]

[Your Title]

[Your Practice/Clinic Name]

[Contact Information]