

Notification of Non-Compliance

Date: [Insert Date]

Dear [Patient's Name],

We hope this message finds you well. We are writing to inform you that you have not complied with the scheduled medical procedure as advised.

Details of the procedure:

- Procedure Type: [Insert Procedure Type]
- Scheduled Date: [Insert Scheduled Date]
- Location: [Insert Location]

It is important to follow through with the recommended medical procedures to ensure your health and well-being. We urge you to contact our office as soon as possible to reschedule your appointment or discuss any concerns you may have.

Please call us at [Insert Contact Number] or email us at [Insert Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Healthcare Facility Name]

[Healthcare Facility Contact Information]