



School of Medicine
900 University Avenue
Riverside, CA 92521

Date _____

Name
Address 1
City, State Zip

RE: Continuation of Care

Dear _____,

Our office has made several attempts to contact you regarding your continuation of care. Please call us at your earliest convenience in order to schedule/reschedule an appointment with Dr. _____.

We look forward to hearing from you soon.

Sincerely,

Name _____
Patient Care Coordinator
Phone Number _____