[ENTER DATE]

Dear Dr. [ENTER NAME]:

We appreciate your referral of [ENTER PATIENT NAME] and his/her family to the [ENTER PROGRAM NAME] Weight Management Program. The family has attended [ENTER NUMBER] appointments since [ENTER DATE]. We enjoyed working with the family; however, after several attempts, we have been unable to reach them to schedule a follow-up visit. After receiving no response to these efforts, we are sending this letter to let you know they are no longer active in our program. We would be happy to see them again if they choose to schedule another appointment. If you have any questions regarding this patient, please call us at [ENTER PHONE NUMBER].

Thank you,

[ENTER NAME]

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