SAMPLE FORMAL LETTER

Patient Name
Some Street
Anywhere, XX 00000

Dear Patient:

We are writing to express our concern for your recent absences and shortened treatments. In the month of **May** you missed **two (2) treatments** and cut short other treatments by an additional **2 hours**. This means you received less than **81%** of your prescribed treatment. We are concerned for your welfare and want you to maintain the dialysis schedule ***which is right for you medically***. One week of dialysis is ***only*** equal to one half (1/2) day of normal kidney function. Any amount of missed treatment ***shortens your life.*** A study done in 1998 showed that ***just two*** missed treatments a month can increase chances of death by ***51%.***

Please try not to miss or cut short any treatment time so that you can remain as healthy as possible, to live and enjoy your life with few medical complications***. If there is anything we can do to help you obtain your full treatment, please do not hesitate to let us know.***

Sincerely,

Super Dude, MD
Medical Director

Charming Chick, RN
Clinical Director

To get %, divide the number of actual hours of treatment received by the number of hours they should have received. Example of # of hours they should have received: 4 hours X 13 scheduled treatments = 52 hours/mo.