

[Clinic Name]  
[Clinic Address]  
[Phone Number]  
[Date]

[Patient Name]  
[Patient Address]

Subject: Missed Appointment Notification

Dear [Patient Name],

We missed you today for your scheduled appointment on [Date] at [Time]. We hope everything is well.

Our goal is to provide quality care to all our patients in a timely manner. When an appointment is missed without prior notice, it prevents other patients from receiving care.

**Please contact us at [Phone Number] within the next 48 hours to reschedule your appointment.**

As a reminder of our clinic policy:

- Cancellations should be made at least [24/48] hours in advance.
- Future appointments can be managed through our patient portal at [URL].
- [Optional: Mention any no-show fees if applicable].

We look forward to seeing you soon and continuing your healthcare journey.

Sincerely,

[Staff Name/Department]  
[Clinic Name]