

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Missed Appointment Follow-Up - [Patient Name]

Dear [Patient Name],

Our records show that you missed your scheduled follow-up examination on [Date of Missed Appointment] at [Time].

This follow-up appointment is an important part of your ongoing care and treatment plan. Regular examinations allow us to monitor your progress and address any concerns before they become more serious.

We understand that unexpected events occur. Please contact our office at [Phone Number] at your earliest convenience to reschedule this appointment. You may also request an appointment through our online portal at [Website URL].

If you have already rescheduled or if you feel you no longer require this follow-up, please let us know so we can update your medical records.

We look forward to hearing from you and continuing your care.

Sincerely,

[Doctor/Provider Name]

[Clinic/Facility Name]

[Phone Number]