

[Hospital or Clinic Name]
[Department Name]
[Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Subject: Missed Appointment for [Name of Diagnostic Test]

Dear [Patient Name],

Our records show that you missed your scheduled diagnostic testing appointment on [Date] at [Time].

We understand that unexpected events occur; however, this test is an important part of your healthcare plan. To ensure your provider has the necessary information for your treatment, we would like to reschedule this appointment as soon as possible.

Please contact our office at [Phone Number] between the hours of [Operating Hours] to choose a new time. You may also be able to reschedule via the patient portal at [Website Link].

If you have already rescheduled this appointment or believe you received this letter in error, please disregard this notice.

Thank you for choosing [Hospital/Clinic Name] for your healthcare needs.

Sincerely,

[Staff Name/Department Name]
[Hospital or Clinic Name]