

[Doctor Name/Practice Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Dear [Patient Name],

We are writing because we missed you at your scheduled appointment on [Date of Missed Visit] at [Time].

Your health is important to us. Regular check-ups and follow-up visits are essential for managing your healthcare needs and ensuring your treatment plan is on track.

Please contact our office at [Phone Number] at your earliest convenience to reschedule this visit. You may also book an appointment online via our patient portal at [Website URL].

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

Please note that our policy requires [Number] hours notice for cancellations. Future missed appointments without notice may result in [Policy Detail/Fee].

We look forward to seeing you soon.

Sincerely,

[Doctor Name or Office Manager Name]
[Practice Name]