[Your Company/Practice Name]
[Street Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Subject: Notice of Missed Appointment

Dear [Patient/Client Name],

This letter is to inform you that we missed you at your scheduled appointment on [Date] at [Time].

We understand that unexpected circumstances can arise; however, we kindly request that you provide us with at least [Number of Hours] hours' notice if you need to cancel or reschedule. This allows us to offer the time slot to another person who may need assistance.

Please contact our office as soon as possible at [Phone Number] to reschedule your appointment. [Optional: Mention if there is a missed appointment fee being charged or waived this time].

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

Sincerely,

[Your Name/Office Manager Name]
[Your Company/Practice Name]