[Date]

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

Subject: Notification Regarding Your Recent Absence

Dear [Patient Name],

We are writing to you because we missed you at your scheduled appointment on [Date] at [Time]. Our records indicate that this was your first missed appointment without prior notification.

We understand that unexpected circumstances can arise. However, providing advance notice allows us to offer that time slot to another patient who may need urgent care.

Please contact our office at [Phone Number] as soon as possible to reschedule your appointment. We want to ensure you continue to receive the medical care and follow-up you require.

Please be advised that our office policy requires [Number] hours' notice for cancellations. Future missed appointments without notice may result in a "No-Show" fee of [Amount].

We look forward to seeing you soon and helping you maintain your health.

Sincerely,

[Provider Name or Practice Name]
[Office Contact Information]