Date: [Current Date]

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

Subject: Notification of Unattended Clinic Appointment

Dear [Patient Name],

This letter is to inform you that our records show you did not attend your scheduled appointment on [Date of Appointment] at [Time of Appointment] with [Provider Name].

We understand that unexpected circumstances may arise. However, missed appointments prevent other patients from receiving timely care. If you still require medical attention, please contact our office as soon as possible to reschedule.

Next Steps:

- To reschedule, please call us at [Clinic Phone Number].
- Our office hours are [Office Hours].
- Please note our cancellation policy: [Insert brief policy, e.g., 24-hour notice required].

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

Thank you for your cooperation.

Sincerely,

[Staff Name/Department]
[Clinic Name]
[Clinic Contact Information]