Date: [Insert Date]

Patient Name: [Insert Patient Name]
Patient ID: [Insert Patient ID]
Address: [Insert Patient Address]

Subject: Notice of Missed Medical Examination

Dear [Patient Name],

This letter is to inform you that our records indicate you missed your scheduled medical examination on [Date of Appointment] at [Time of Appointment] with [Doctor/Department Name].

Regular examinations are important for monitoring your health and ensuring you receive consistent care. We understand that unforeseen circumstances can arise; however, we missed the opportunity to see you during your scheduled time.

Please contact our office at [Phone Number] at your earliest convenience to reschedule this appointment. You may also rebook through our online portal at [Website URL].

Please note: Our clinic policy requires a notice of [Number of Hours] hours for cancellations. Future missed appointments without prior notice may result in a [Late/No-Show Fee] fee.

If you have already rescheduled this appointment, please disregard this notice.

Sincerely,

[Staff Name/Office Manager]
[Clinic/Hospital Name]
[Phone Number]