[Date]

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

Subject: Missed Appointment Notification

Dear [Patient Name],

We missed you at our office today. Our records show that you had an appointment scheduled with [Provider Name] on [Date] at [Time], which you were unable to attend.

We understand that unexpected circumstances can arise. However, attending your scheduled visits is an important part of managing your health. To reschedule your appointment, please contact our office at [Phone Number] or visit our online portal at [Website/URL].

Please note our office policy requires [Number] hours notice for cancellations. [Optional: Mention if a no-show fee applies].

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

We look forward to seeing you soon.

Sincerely,

[Practice Name]
[Phone Number]
[Email/Website]