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

Subject: Missed Appointment - [Date of Appointment]

Dear [Patient Name],

Our records indicate that you were unable to attend your scheduled appointment on [Date] at [Time] with [Clinician Name].

We missed you at the clinic and want to ensure your health remains a priority. Regular appointments are important to ensure you receive consistent care and follow-up.

Please contact us at [Phone Number] at your earliest convenience to reschedule this appointment. If you feel you no longer require this service, please let us know so we may update your records.

If you have already called to reschedule or if this letter crossed in the mail, please disregard this notice.

Sincerely,

[Staff Name/Department]
[Clinic Name]