[Date]

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

Subject: Missed Appointment Notification

Dear [Patient Name],

We missed you today for your scheduled appointment on [Date] at [Time] with [Provider Name].

We understand that unexpected circumstances can arise. However, we kindly request that you provide at least [Number] hours' notice if you need to cancel or reschedule. This allows us to offer the time slot to another patient who may need medical care.

Please contact our office at [Phone Number] as soon as possible to reschedule your appointment. This will ensure your treatment plan remains on track.

Please be aware that our policy for missed appointments includes [mention fee if applicable, or state that this is a friendly reminder].

We look forward to hearing from you and continuing to assist with your healthcare needs.

Sincerely,

[Practice Name]
[Phone Number]
[Website]