[Current Date]

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

Dear [Patient Name],

This letter is regarding your missed appointment scheduled for [Date of Appointment] at [Time of Appointment] with [Doctor/Provider Name].

We missed you at the clinic today. Our records indicate that this appointment was not attended and no prior notice was received to cancel or reschedule.

Consistent visits are important for your ongoing health and treatment plan. If you would like to reschedule this appointment, please contact our office at [Phone Number] at your earliest convenience.

Please be aware that our office policy requires a notice of [Number of Hours] hours for any cancellations. Failure to provide notice may result in a [Amount] "no-show" fee.

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

Sincerely,

[Your Name/Office Manager]
[Practice Name]
[Phone Number]