[Date]

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

Re: Missed Appointment on [Date of Appointment]

Dear [Patient Name],

Our records show that you were unable to attend your scheduled outpatient appointment with [Clinic/Doctor Name] on [Date] at [Time].

We missed seeing you and want to ensure you continue to receive the care you need. Regular attendance is important for your health and treatment plan.

If you would like to reschedule this appointment, please contact our office at [Phone Number] as soon as possible. If you no longer require our services, please let us know so we can update your file.

In the future, if you are unable to keep an appointment, we kindly ask for at least [Number] hours' notice. This allows us to offer the time slot to another patient who may need urgent care.

We look forward to hearing from you soon.

Sincerely,

[Staff Name/Department]
[Clinic/Facility Name]