[Date]

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

Subject: Second Missed Appointment Notification

Dear [Patient Name],

Our records indicate that you missed your second scheduled appointment on [Date] at [Time] without providing prior notice.

We missed you at the clinic. Consistent attendance is important for your ongoing care and treatment plan. When appointments are missed, it also prevents other patients from receiving care during that time slot.

Please contact our office at [Phone Number] as soon as possible to reschedule. If you are experiencing difficulties that prevent you from attending your appointments, please let us know so we can discuss how to best support you.

Please be advised that our clinic policy regarding missed appointments states: [Insert Policy/Fees if applicable].

We look forward to hearing from you and continuing your care.

Sincerely,

[Provider/Staff Name]
[Clinic Name]
[Phone Number]