[Current Date]

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

Subject: SECOND WARNING: Missed Appointment

Dear [Patient Name],

Our records indicate that you missed a scheduled appointment on [Date] at [Time] without providing prior notice. This is the second appointment you have missed within a [Number] month period.

We understand that emergencies occur; however, missed appointments prevent other patients from receiving necessary medical care. As a result of this second "no-show," a missed appointment fee of $[Amount] has been charged to your account.

Please be advised that our clinic policy states that three missed appointments may result in the termination of the physician-patient relationship and your discharge from this practice.

If you need to reschedule or if there were extenuating circumstances regarding your absence, please contact our office immediately at [Phone Number]. We value your health and wish to continue providing you with medical care.

Sincerely,

[Clinic Name]
[Office Manager/Doctor Name]
[Phone Number]