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

Re: Second Missed Appointment

Dear [Patient Name],

This letter is to inform you that our records show you missed your scheduled appointment on [Date] at [Time] without providing prior notification. This is the second time an appointment has been missed within [Time Frame, e.g., six months].

We understand that unexpected circumstances arise; however, missed appointments prevent other patients from receiving necessary care. As per our office policy, a "no-show" fee of $[Amount] has been applied to your account.

Please be advised that if a third appointment is missed without 24-hour notice, we may be forced to consider your discharge from our practice to ensure we can accommodate patients who are waiting for treatment.

If you wish to reschedule or if you believe this record is in error, please contact our office immediately at [Phone Number]. We value your health and look forward to continuing your care.

Sincerely,

[Provider/Manager Name]
[Practice Name]