[Date]

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

Subject: Second Notification of Missed Medical Appointment

Dear [Patient Name],

Our records indicate that you missed a scheduled appointment with [Doctor/Clinic Name] on [Date] at [Time]. This is the second missed appointment we have recorded for you recently.

We understand that unexpected circumstances arise; however, consistent attendance is vital for your health management. Additionally, missed appointments prevent other patients from receiving timely care.

Please be advised of our clinic policy regarding missed appointments:

- A "no-show" fee of $[Amount] may be charged to your account.
- Repeated missed appointments may result in a discharge from our practice.

Please contact our office at [Phone Number] as soon as possible to reschedule your appointment or to discuss any difficulties you may be having with your schedule.

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

Sincerely,

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