Subject: Second Warning: Missed Health Appointment

Dear [Patient Name],

Our records indicate that you missed your scheduled health appointment on [Date] at [Time] with [Provider Name]. This is the second time an appointment has been missed without prior cancellation.

Consistent attendance is vital for your ongoing care and treatment. Additionally, missed appointments prevent other patients from receiving timely medical attention.

Please contact our office at [Phone Number] immediately to reschedule. We would also like to discuss any barriers you may be facing in attending your appointments.

Please be advised that further missed appointments may result in [Policy Consequence, e.g., a missed appointment fee or discharge from the practice].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Department]
[Facility Name]