**URGENT: SECOND MISSED APPOINTMENT NOTICE**

Date: [Current Date]

Patient Name: [Patient Name]
Patient ID: [Patient ID/DOB]

Dear [Patient Name],

Our records indicate that you missed your scheduled clinic appointment on [Date of Second Missed Appointment] at [Time]. This is the second time an appointment has been missed without prior notification.

Consistent attendance is vital for your health and the successful management of your care. When an appointment is missed without notice, it prevents other patients from receiving necessary medical attention.

**Action Required:**

Please contact our office immediately at [Phone Number] to reschedule your visit and discuss any barriers preventing you from attending your appointments.

**Important Policy Notice:**

Please be advised that our clinic policy states that three missed appointments within a [Time Period, e.g., 12-month] period may result in a missed appointment fee of $[Amount] or discharge from our practice. We value you as a patient and wish to avoid this outcome.

If you have already rescheduled this appointment, please disregard this letter.

Sincerely,

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