Subject: Second Missed Appointment Notice - [Patient Name]

Dear [Patient Name],

Our records indicate that you missed your scheduled medical appointment on [Date] at [Time]. This is the second missed appointment we have recorded for you.

We missed seeing you and are concerned about your health and the continuity of your care. Regular follow-up is important to ensure your treatment plan remains effective.

Please contact our office at [Phone Number] as soon as possible to reschedule. If you are experiencing any barriers to making your appointments, such as transportation or scheduling conflicts, please let us know so we can assist you.

As a reminder, our office policy regarding missed appointments is [Briefly State Policy/Fee]. We kindly ask for at least [Number] hours' notice if you need to cancel or change an appointment in the future.

We look forward to hearing from you soon.

Sincerely,

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