[Date]

[Patient/Client Name]
[Address Line 1]
[Address Line 2]

Subject: Second Notice - Missed Appointment

Dear [Patient/Client Name],

This letter is to inform you that you missed a scheduled appointment on [Date] at [Time] without providing prior notice. Our records indicate that this is the second time an appointment has been missed within the last [Time Period].

We understand that emergencies occur; however, missed appointments prevent us from providing care to other individuals who may need our services. As a reminder, our policy requires a minimum of [Number] hours' notice for any cancellations or rescheduling.

Please be advised of the following:

- A missed appointment fee of $[Amount] has been applied to your account.
- Further missed appointments may result in a restriction of services or discharge from our practice.

If you would like to reschedule this appointment or discuss any circumstances regarding your absence, please contact our office at [Phone Number] as soon as possible.

Thank you for your immediate attention to this matter.

Sincerely,

[Your Name/Practice Name]
[Title]