

[Practice Name]  
[Practice Address]  
[City, State, Zip Code]  
[Phone Number]

[Date]

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

Dear [Patient Name],

This letter is to inform you that we missed you at your scheduled new patient consultation on [Date of Appointment] at [Time of Appointment].

We understand that unexpected circumstances can arise. However, our office requires [Number] hours' notice for cancellations or rescheduling to ensure we can provide timely care to all our patients.

If you would still like to establish care with our practice, please contact us at [Phone Number] by [Date] to reschedule your appointment. Please be advised that [mention policy regarding no-show fees or limitations on rescheduling].

If we do not hear from you by the date mentioned above, we will assume you have chosen to seek care elsewhere and will close your pending file.

We look forward to hearing from you.

Sincerely,

[Staff Name/Doctor Name]  
[Practice Name]