

[Clinic Name]
[Clinic 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 our records show you missed your scheduled appointment on [Date] at [Time] with [Provider Name]. As a new patient, this initial visit is important for establishing your medical care.

We understand that unexpected circumstances may arise. However, when an appointment is missed without prior notice, it prevents other patients from receiving care during that time.

Our Policy:

[Insert Clinic Policy regarding no-show fees or rescheduling limits here, e.g., "Our clinic requires 24-hour notice for cancellations. A fee of \$X may be charged for missed appointments."]

If you would like to reschedule your appointment, please contact our office at [Phone Number] at your earliest convenience. Please note that repeated missed appointments may result in our inability to provide future services to you.

We look forward to hearing from you and helping you with your healthcare needs.

Sincerely,

[Staff Name/Office Manager]
[Clinic Name]