

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

[Date]

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

RE: Unattended New Patient Consultation

Dear [Patient Name],

This letter is to inform you that our records indicate you did not attend your scheduled new patient consultation on [Date of Appointment] at [Time of Appointment].

As a new patient, this initial consultation is a vital step in establishing your care and reviewing your medical history. We understand that unforeseen circumstances may arise; however, we missed the opportunity to see you or offer this time slot to another patient.

If you would like to reschedule your appointment, please contact our office at [Phone Number] within the next [Number] days. Please be advised that our practice policy regarding missed appointments may include a [Fee Amount] "no-show" fee.

If we do not hear from you by [Deadline Date], we will assume you no longer require our services, and your referral or intake file will be closed.

Thank you for your cooperation.

Sincerely,

[Sender Name/Office Manager]
[Practice Name]