

[Practice Name]
[Practice Address]
[Phone Number]
[Email Address]

[Date]

[Patient Name]
[Patient Address]

Re: Missed New Patient Consultation

Dear [Patient Name],

Our records indicate that you were unable to attend your scheduled new patient consultation on [Date] at [Time]. We missed the opportunity to meet with you and begin your care.

We understand that unexpected events can occur. However, we kindly request that you contact our office at [Phone Number] to reschedule your appointment or to let us know if you no longer require our services.

Please be advised of our practice policy regarding missed appointments: [Insert brief mention of cancellation fee or policy if applicable].

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

Sincerely,

[Name/Signature]
[Title]
[Practice Name]