

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Notice of Missed New Patient Consultation

Dear [Patient Name],

This letter is to inform you that our records indicate you were unable to 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. Because we reserve a specific block of time for new patient evaluations, missed appointments without prior notice impact our ability to serve other patients.

Please contact our office at [Phone Number] by [Date] if you would like to reschedule this appointment. Please be advised that [mention policy regarding no-show fees or limitations on rescheduling, if applicable].

If we do not hear from you by the date mentioned above, we will assume you no longer require our services and will close your pending file.

We look forward to hearing from you.

Sincerely,

[Provider/Staff Name]

[Practice Name]

[Phone Number]