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

[Date]

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

Dear [Patient Name],

We missed you at your scheduled routine care appointment on [Appointment Date] at [Appointment Time].

We understand that unexpected events can occur; however, consistent routine visits are important for maintaining your health and preventing future concerns. Our records indicate that we did not receive a notification to cancel or reschedule this visit.

Please contact our office at [Phone Number] at your earliest convenience to reschedule this appointment. You may also be able to book online through our patient portal at [Website URL].

Please be aware of our office policy regarding missed appointments: [Insert brief mention of fee or policy if applicable].

We look forward to seeing you soon.

Sincerely,

[Sender Name/Office Manager]
[Practice Name]