Date: [Insert Date]

Patient Name: [Insert Patient Name]
Patient Address: [Insert Address]
Patient ID: [Insert ID Number]

Subject: SECOND NOTICE: Missed Routine Care Appointment

Dear [Insert Patient Name],

Our records indicate that you have missed your second scheduled routine care appointment on [Insert Date] without providing prior notification. We previously sent a notification regarding a missed appointment on [Insert Date of First Miss].

Routine check-ups are essential for monitoring your health and preventing future complications. Consistent attendance ensures that we can provide the highest quality of care and maintain your treatment plan effectively.

Please be advised that our office policy requires a minimum of [Insert Number] hours' notice for cancellations. Failure to show up for scheduled appointments limits our ability to serve other patients who need care. Continued missed appointments may result in a missed appointment fee or potential discharge from our practice.

We would like to help you get back on track. Please contact our office at [Insert Phone Number] or visit our online portal at [Insert Website] by [Insert Deadline Date] to reschedule your visit.

If you have already rescheduled or believe this letter was sent in error, please disregard this notice.

Sincerely,

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