[Date]

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

Subject: FINAL WARNING: Repeated Missed Appointments for Routine Care

Dear [Patient Name],

Our records indicate that you missed your scheduled routine care appointment on [Date] at [Time] without providing prior notification. This is your third missed appointment within the last [Number] months.

Consistency is vital for maintaining your health and managing your routine care. Furthermore, missed appointments prevent other patients from receiving the care they need.

Please be advised that this is your final warning. Per our office policy, should you miss another appointment without providing at least [24/48] hours' notice, we will be forced to take the following actions:

- A non-refundable "No-Show" fee of $[Amount] will be charged to your account.
- Your ability to schedule future appointments may be restricted.
- You may face formal discharge from our practice.

If there are extenuating circumstances regarding your recent absences, please contact our office manager immediately at [Phone Number] to discuss your status.

We value your health and wish to continue providing your medical care. Please contact us at your earliest convenience to reschedule your routine check-up.

Sincerely,

[Doctor/Provider Name]
[Practice Name]
[Phone Number]