[Date]

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

Re: Notice of Missed Diagnostic Imaging Appointment

Dear [Patient Name],

This letter is to inform you that our records indicate you missed your scheduled diagnostic imaging appointment for a [Type of Scan, e.g., MRI/CT/X-ray] on [Appointment Date] at [Appointment Time].

We understand that unexpected circumstances can arise. However, these appointments are vital for your ongoing medical care and diagnostic process. We have notified your referring physician, [Physician Name], that the scan was not completed.

Please contact our scheduling department at [Phone Number] as soon as possible to reschedule this appointment. Our office hours are [Office Hours].

Please be advised that our office requires [Number of Hours] hours' notice for cancellations. Failure to provide notice for future appointments may result in a [Amount] "no-show" fee.

We look forward to hearing from you and continuing your care.

Sincerely,

[Staff Name/Department]
[Facility Name]
[Phone Number]