[Date]

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

Subject: SECOND NOTICE - Missed Diagnostic Imaging Appointment

Dear [Patient Name],

This is our second attempt to contact you regarding a missed diagnostic imaging appointment scheduled for [Date of Appointment] at [Time] for the following procedure: [Type of Scan, e.g., MRI/CT/X-Ray].

Our records indicate that you did not attend this appointment and we have not received a request to reschedule. This imaging was ordered by [Referring Physician Name] to assist in your ongoing medical care. Delaying this procedure may impact your diagnosis or treatment plan.

Please contact our scheduling department at [Phone Number] within the next [Number, e.g., 5] business days to reschedule your appointment. Our office hours are [Office Hours].

If you have already completed this imaging at another facility or no longer require this service, please let us know so we can update your medical records and inform your physician.

Please be advised that further missed appointments without prior notification may result in a "no-show" fee or require a new referral from your doctor.

We look forward to hearing from you soon.

Sincerely,

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