[Your Name]
[Your Address]
[Your Phone Number]
[Your Email]

[Date]

[Name of Imaging Center/Department]
[Facility Name]
[Facility Address]

Subject: Rescheduling Request for Missed Appointment - [Your Full Name]

Dear [Imaging Center Name/Department Manager],

I am writing to formally apologize for missing my scheduled diagnostic imaging appointment ([Type of Scan, e.g., MRI, CT, X-ray]) on [Date of Missed Appointment] at [Time].

Unfortunately, I was unable to attend due to [briefly state reason, e.g., an unexpected emergency / illness / transportation issue]. I regret any inconvenience this may have caused your staff and other patients.

I would like to reschedule this procedure as soon as possible. Please let me know the next available dates and times. My doctor, [Doctor's Name], has emphasized the importance of this scan for my ongoing treatment.

Additionally, please inform me if there are any missed appointment fees that I need to settle, or if a new referral from my physician is required to proceed with the rescheduling.

I look forward to hearing from you. You can reach me at [Your Phone Number] or via email at [Your Email Address].

Sincerely,

[Your Signature]

[Your Printed Name]
[Date of Birth]
[Patient ID Number, if known]