[Date]

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

RE: NOTICE OF MISSED APPOINTMENT AND FINAL DISCHARGE WARNING

Dear [Patient Name],

This letter is to inform you that our records indicate you missed your scheduled diagnostic imaging appointment for [Type of Imaging, e.g., MRI/CT Scan] on [Date] at [Time]. We have no record of a cancellation or rescheduling request prior to this time.

The diagnostic imaging requested by your physician is a critical component of your medical evaluation and treatment plan. Failing to complete these tests may lead to delayed diagnosis, complications, or a decline in your health status.

Please be advised that [Practice/Clinic Name] has a policy regarding missed appointments. This is your [First/Second/Final] warning. Frequent "no-shows" disrupt our ability to provide care to all patients. Continued failure to attend scheduled appointments may result in your formal discharge from our practice.

Required Action:

- Please contact our office at [Phone Number] within [Number] days to reschedule this imaging.
- If you have already completed this imaging elsewhere, please notify us so we can update your medical records.

If you are experiencing barriers to attending your appointments, such as transportation or scheduling conflicts, please let us know so we can discuss potential solutions.

Your health is our priority. We look forward to hearing from you soon to ensure your care continues without further interruption.

Sincerely,

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