[Date]

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

Subject: Missed Appointment for Follow-Up Laboratory Evaluation

Dear [Patient Name],

Our records indicate that you were unable to attend your scheduled laboratory evaluation on [Date of Appointment].

The requested tests are a necessary part of your ongoing care to monitor [Condition/Medication Management]. It is important that these labs are completed to ensure your treatment remains safe and effective.

Please contact our office at [Phone Number] as soon as possible to reschedule this evaluation. If you have already completed these tests at another facility, please let us know so we can update your medical record.

If you have any questions regarding these tests or are experiencing any difficulties that prevent you from attending your appointment, please call us to discuss how we can assist you.

Sincerely,

[Provider Name]
[Practice/Clinic Name]