[Date]

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

Subject: First Notice - Missed Appointment for [Condition Name] Care

Dear [Patient Name],

Our records show that you missed your scheduled appointment on [Date] at [Time] with [Provider Name].

Regular check-ups are a vital part of managing [Condition Name]. These visits allow us to monitor your health, adjust your medications, and prevent potential complications. Missing these appointments can lead to unnecessary risks to your long-term health.

Please contact our office at [Phone Number] as soon as possible to reschedule. If you have already scheduled a new appointment, please disregard this letter.

If you are experiencing any barriers to making your appointments, such as transportation or scheduling conflicts, please let us know so we can assist you.

We look forward to seeing you soon and continuing your care.

Sincerely,

[Provider/Clinic Name]
[Phone Number]
[Facility Address]