[Your Name/Organization Name]
[Address Line 1]
[Address Line 2]
[Phone Number]
[Email]

[Date]

[Patient Name]
[Patient Address Line 1]
[Patient Address Line 2]

Re: Notice of Missed Appointment and Care Plan Review

Dear [Patient Name],

Our records show that you missed your scheduled appointment on [Date] at [Time]. We missed seeing you and want to ensure you are receiving the support you need.

Because this appointment was intended to review and update your Care Plan, we are concerned that your current treatment goals and services may no longer align with your needs. Regular attendance is vital to ensure your Care Plan remains effective and safe.

Please contact our office by [Date] to reschedule this appointment. During our next meeting, we will discuss:

- Any barriers preventing you from attending appointments.
- Adjustments needed to your current Care Plan.
- How we can better support your health and wellness goals.

Please be advised that frequent missed appointments may result in a formal review of your participation in this program or a transition to a different level of care.

If you have already rescheduled or believe this letter was sent in error, please disregard this notice. We look forward to hearing from you soon.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title]