

## **URGENT WARNING: NOTICE OF UNATTENDED APPOINTMENT**

Date: [Insert Date]

To: [Patient Name]

Address: [Patient Address]

Patient ID: [ID Number]

Dear [Patient Name],

This letter serves as a formal notice that you did not attend your scheduled psychiatric evaluation on [Date] at [Time].

Our records indicate that this appointment was missed without prior notification or cancellation. Because this evaluation is a critical component of your care plan and mental health monitoring, your absence is a matter of serious concern.

Failure to complete this evaluation may result in the following:

- Interruption or delay in your treatment plan.
- Inability to authorize medication refills.
- Potential discharge from our clinical services due to non-compliance.

Please contact our office immediately at [Phone Number] to reschedule this appointment. If we do not hear from you within [Number] business days, we will assume you no longer wish to continue treatment under our care.

If you are experiencing a mental health emergency, please call 911 or go to the nearest emergency room immediately.

Sincerely,

[Provider Name/Signature]

[Clinic/Facility Name]

[Contact Information]