

[Clinic Name]  
[Clinic Address]  
[City, State, Zip Code]  
[Phone Number]  
[Date]

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

**Subject: Notification of Missed Psychiatric Consultation**

Dear [Patient Name],

This letter is to formally document that you missed your scheduled psychiatric consultation on [Date] at [Time]. Our records indicate that we did not receive prior notice of a cancellation or a request to reschedule.

Regular attendance is a vital component of your mental health treatment plan. Missing consultations can interrupt the continuity of your care and may delay your progress or the management of your prescriptions.

Please contact our office as soon as possible at [Phone Number] to reschedule this appointment. If you are experiencing a mental health emergency, please call 911 or go to the nearest emergency room immediately.

Please be advised that, according to clinic policy, a [Fee Amount] "No-Show" fee [has been / will be] applied to your account. Future appointments may be restricted if multiple sessions are missed without notice.

We look forward to hearing from you and continuing your care.

Sincerely,

[Doctor/Staff Name]  
[Title]  
[Clinic Name]