

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient DOB: [Insert Date of Birth]

Patient ID: [Insert Patient ID Number]

RE: Warning Regarding Non-Attendance for Psychiatric Evaluation

Dear [Insert Patient Name],

This letter is to formally notify you that you did not attend your scheduled psychiatric evaluation on [Insert Date of Missed Appointment] with [Insert Provider Name]. Our records indicate that no prior notice was given to cancel or reschedule this visit.

A psychiatric evaluation is a critical component of your care plan. It allows us to properly diagnose your condition, ensure medication safety, and determine the most effective course of treatment. Missing these appointments can delay your recovery and may result in a lapse of necessary prescriptions.

Please be advised of the following:

- **Missed Appointment Fee:** A fee of \$[Insert Amount] may be charged to your account as per our office policy.
- **Prescription Refills:** We may be unable to provide medication refills until a full evaluation is completed.
- **Discharge Policy:** Multiple missed appointments without notification may result in your discharge from this practice.

Please contact our office at [Insert Phone Number] within [Insert Number of Days] days to reschedule this evaluation. If you are experiencing a mental health emergency, please call 911 or go to the nearest emergency room immediately.

We are committed to your health and look forward to hearing from you soon.

Sincerely,

[Insert Provider/Clinic Name]

[Insert Practice Address]

[Insert Contact Information]