

[Clinic Name]
[Clinic Address]
[Phone Number]
[Date]

[Patient Name]
[Patient Address]

Subject: Rescheduling of Missed Psychiatric Evaluation

Dear [Patient Name],

Our records indicate that you were unable to attend your scheduled psychiatric evaluation on [Date of Missed Appointment] at [Time].

We understand that unexpected circumstances may arise; however, this evaluation is an important step in your care and treatment planning. We would like to help you get back on schedule as soon as possible.

Please contact our office at [Phone Number] by [Deadline Date] to reschedule this appointment. You may also schedule through our patient portal at [Website URL].

Please note our clinic policy regarding missed appointments: [Insert Policy Briefly, e.g., a fee may apply or multiple missed appointments may result in discharge].

If you have already rescheduled or if you believe you received this letter in error, please disregard this notice.

We look forward to hearing from you.

Sincerely,

[Sender Name/Office Staff]
[Clinic Name]