

Date: [Date]

To: [Parent/Guardian Name]

Patient Name: [Child's Name]

Patient DOB: [Child's Date of Birth]

Subject: FINAL WARNING: Repeated Missed Appointments

Dear [Parent/Guardian Name],

This letter is to formally notify you that [Child's Name] missed a scheduled appointment on [Date] at [Time] without providing prior notice. Our records indicate that this is the third missed appointment for your child.

Consistent medical care is vital for your child's health and development. When appointments are missed, it prevents us from providing necessary care and keeps other children from receiving timely medical attention.

Please be advised that this serves as a final warning. Per our office policy, the next missed appointment or late cancellation (less than 24 hours' notice) will result in the formal discharge of your child from our practice. If discharged, you will be required to find a new pediatrician to provide for your child's medical needs.

We value your child's health and wish to continue providing their care. If there are circumstances making it difficult for you to keep appointments, please contact our office manager immediately at [Phone Number] to discuss the situation.

If you need to schedule, reschedule, or cancel a future appointment, please call us at [Phone Number] at least 24 hours in advance.

Sincerely,

[Doctor/Practice Name]

[Office Address]

[Phone Number]