[Date]

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

Subject: Rescheduling of Surgical Procedure and Notice of No-Show Fee

Dear [Patient Name],

This letter is to confirm the rescheduling of your surgical procedure for **[Procedure Name]**. Due to your absence at the previously scheduled appointment on [Original Date], your surgery has been moved to the following date and time:

New Procedure Date: [New Date]
Arrival Time: [New Time]
Location: [Facility Name/Department]

Please be advised that per our office policy, a "No-Show" fee of **$[Amount]** has been applied to your account regarding the missed appointment on [Original Date]. This fee must be settled [prior to / at the time of] your rescheduled procedure.

To ensure your surgery proceeds as planned, please remember to follow all pre-operative instructions previously provided, including:

- Fast from food and liquids starting at [Time] the night before.
- Arrange for a responsible adult to drive you home.
- Bring a list of all current medications.

If you need to make any further changes to this appointment, please contact our surgical coordinator at [Phone Number] at least [Number] hours in advance to avoid additional penalties.

Sincerely,

[Doctor/Office Name]
[Clinic Name]
[Contact Information]