

[Your Name]
[Your Address]
[Your Phone Number]
[Your Email Address]

[Date]

[Doctor's Name/Specialist Office Name]
[Office Address]
[City, State, Zip Code]

Subject: Rescheduling for Missed Appointment - [Your Full Name]

Dear [Doctor's Name or Office Manager],

Please accept my sincere apologies for missing my scheduled referral appointment on [Date of Missed Appointment] at [Time]. Unfortunately, I was unable to attend due to [brief reason, e.g., an unexpected personal emergency/illness].

I value this referral and would like to reschedule the appointment at your earliest convenience. Please let me know if there are any available dates in the coming weeks. I am generally available on [mention days/times].

I understand that there may be a missed appointment fee, and I am happy to discuss this with your billing department. If any updated referral paperwork from my primary care physician is required for the new date, please let me know.

Thank you for your time and for your help in coordinating my care. I look forward to hearing from you soon.

Sincerely,

[Your Signature]

[Your Printed Name]