

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: WARNING: Potential Discharge from Care Due to Missed Appointments

Dear [Patient Name],

This letter is to formally notify you regarding your recent missed appointments at [Practice/Clinic Name] with [Specialist Name]. Our records indicate that you have missed the following scheduled dates without providing prior notice:

- [Date of Missed Appointment 1]
- [Date of Missed Appointment 2]
- [Date of Missed Appointment 3]

Consistent attendance is vital for the effective management of your health and allows us to provide care to all our patients efficiently. When appointments are missed without cancellation, it prevents other patients from receiving necessary medical attention.

**Please be advised that this serves as a final warning.** According to our clinic policy, failure to attend your next scheduled appointment or continued patterns of "no-shows" will result in your formal discharge from our practice. If discharged, we will no longer be able to provide you with medical services, prescriptions, or referrals.

To avoid discharge, please contact our office at [Phone Number] within [Number] days to discuss your care plan and reschedule your appointment.

If you are experiencing circumstances that make it difficult to attend your appointments, please let us know so we can discuss potential solutions.

Sincerely,

[Doctor/Provider Name] or [Clinic Manager Name]

[Practice Name]

[Phone Number]