

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

**Subject: SECOND WARNING: Missed Medical Appointment**

Dear [Patient Name],

We are writing to inform you that you missed your scheduled appointment on [Date] at [Time] with [Doctor/Provider Name]. Our records indicate that you did not call to cancel or reschedule this visit.

This is the second time you have missed a scheduled appointment without prior notification. Our office sent a previous notice regarding a missed appointment on [Date of First Missed Appointment].

Consistent attendance is vital for your health and allows us to provide quality care to all our patients. When an appointment is missed without notice, it prevents other patients from receiving necessary medical attention.

Please be advised of our office policy: [Insert policy details, e.g., a "no-show" fee of \$XX will be charged to your account / further missed appointments may result in discharge from the practice].

If there were extenuating circumstances or if you wish to reschedule, please contact our office immediately at [Phone Number].

Sincerely,

[Your Name/Practice Name]

[Title]

[Contact Information]