

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient Address: [Insert Patient Address]

Subject: Formal Warning Regarding Missed Appointments

Dear [Insert Patient Name],

We are writing to you regarding your recent appointment history at [Insert Practice Name]. Our records indicate that you have missed the following scheduled appointments without providing prior notice:

- [Insert Date of Missed Appointment]
- [Insert Date of Missed Appointment]
- [Insert Date of Missed Appointment]

When an appointment is missed without cancellation, it prevents other patients who need medical care from being seen. As a result, our office has a policy regarding habitual no-shows to ensure all patients receive timely access to care.

Current Policy Status:

This letter serves as a formal warning. Please be advised that further missed appointments may result in a [Insert Penalty, e.g., No-show fee of \$XX] or potential dismissal from our practice.

If you need to cancel or reschedule an appointment, we require at least [Insert Number, e.g., 24] hours' notice. This allows us to offer the time slot to another patient.

If there are extenuating circumstances regarding your absences, or if you wish to discuss your care, please contact our office manager at [Insert Phone Number].

We value you as a patient and hope to continue providing your healthcare services.

Sincerely,

[Insert Name/Signature]

[Insert Title]

[Insert Practice Name]