

**[Clinic Name]**  
[Clinic Address]  
[Phone Number]  
[Date]

**[Patient Name]**  
[Patient Address]  
[Patient ID/DOB]

**Subject: Formal Warning Regarding Missed Appointments**

Dear [Patient Name],

We are writing to you regarding your recent attendance record at [Clinic Name]. Our records indicate that you have missed [Number] scheduled appointments on the following dates without providing prior notification:

- [Date 1]
- [Date 2]
- [Date 3]

As a specialist clinic, our appointment times are in high demand. When a patient fails to show up or cancel in advance, it prevents other patients from receiving necessary medical care. It also disrupts the clinic's ability to provide efficient service.

Please consider this letter a formal warning. Our clinic policy states that habitual missed appointments may result in:

- A "No-Show" fee of \$[Amount] charged to your account.
- Requirement of a non-refundable deposit to book future appointments.
- Discharge from our practice and a request to find a new specialist.

We value your health and wish to continue your care. If there are circumstances making it difficult for you to attend, please contact us immediately. We require at least [Number] hours of notice if you need to cancel or reschedule.

If you wish to remain a patient at this clinic, please contact us at [Phone Number] to confirm your next appointment or to discuss this matter.

Sincerely,

[Doctor or Office Manager Name]  
[Title]  
[Clinic Name]