

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Final Warning Regarding Missed Appointments

Dear [Patient Name],

This letter is to formally notify you regarding your recent history of missed appointments at [Practice Name]. Our records indicate that you have failed to attend or provide 24-hour cancellation notice for the following dates:

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

When an appointment is missed without notice, it prevents other patients who need medical care from being seen. We value you as a patient; however, consistent attendance is necessary for us to provide you with effective medical treatment and to maintain our clinic's operations.

Please consider this a final warning. According to our office policy, any further "no-show" appointments or late cancellations may result in your formal dismissal from this practice. If dismissed, we will no longer be able to provide you with medical services, and you will need to find a new healthcare provider.

If there are extenuating circumstances we should be aware of, or if you wish to discuss this matter further, please contact our office manager at [Phone Number] within [Number] days.

We hope to continue our professional relationship and look forward to seeing you at your next scheduled appointment.

Sincerely,

[Doctor/Manager Name]

[Practice Name]

[Phone Number]