

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Subject: Notice Regarding Frequent Appointment Cancellations

We are writing to you today regarding your recent history of missed or cancelled appointments at [Practice/Clinic Name]. Our records indicate that there have been [Number] cancellations or "no-shows" within the last [Time Period].

While we understand that emergencies and unforeseen circumstances occur, frequent cancellations make it difficult for us to provide consistent care and prevent other patients from receiving timely medical attention.

Please be advised of our office policy regarding attendance:

- Appointments must be cancelled or rescheduled at least [Number] hours in advance.
- Failure to provide sufficient notice may result in a cancellation fee of \$[Amount].
- Continued habitual cancellations may unfortunately result in your discharge from this practice.

We value you as a patient and want to ensure you receive the medical care you need. If you are experiencing difficulties that prevent you from keeping your appointments, please contact our office manager at [Phone Number] so we can discuss how to better accommodate your schedule.

Thank you for your cooperation and understanding.

Sincerely,

[Your Name/Practice Manager Name]

[Practice Name]

[Phone Number]