

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Re: Advisory Regarding Missed Appointments

Dear [Patient Name],

We are writing to you today because our records indicate that you have missed several scheduled appointments on the following dates: [List Dates].

Regular attendance is vital for the effective management of your health and to ensure the continuity of your care. When an appointment is missed without prior notice, it prevents us from providing care to other patients who may be in need of urgent medical attention.

We understand that unforeseen circumstances arise; however, we kindly ask that you provide at least [Number] hours' notice if you need to cancel or reschedule. Please be advised that continued missed appointments may result in [mention consequence, e.g., a missed appointment fee or discharge from the practice].

We value you as a patient and want to ensure you receive the best care possible. If there are barriers preventing you from making your appointments, please contact our office at [Phone Number] so we can discuss how to better support your healthcare needs.

Sincerely,

[Provider/Manager Name]

[Practice Name]