[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Subject: Notification of Missed Appointment - Equipment Fitting

Dear [Patient Name],

This letter is to inform you that our records indicate you missed your scheduled appointment for a medical equipment fitting on [Date] at [Time].

Proper fitting and instruction are essential to ensure your [Type of Equipment] functions correctly and safely. Because this equipment was ordered specifically for your medical needs, it is important that we complete this process as soon as possible.

Please contact our office at [Phone Number] by [Date] to reschedule this appointment. Failure to reschedule may result in the return of the equipment to our inventory or the cancellation of the insurance authorization.

If you have already called to reschedule or believe you have received this letter in error, please disregard this notice.

Sincerely,

[Staff Name/Department]
[Facility Name]
[Phone Number]