[Date]

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

Subject: Missed Appointment for Medical Device Fitting

Dear [Patient Name],

We are writing because you missed your scheduled appointment on [Date] at [Time] for your [Name of Medical Device] fitting.

The fitting process is a critical step in your treatment to ensure that the device functions correctly and comfortably. Missing this appointment may delay your recovery or the effectiveness of your therapy.

Please contact our office at [Phone Number] as soon as possible to reschedule. If you have already called to reschedule, please disregard this notice.

Please note that our policy requires [Number] hours' notice for cancellations. Failure to provide notice may result in a [Fee Amount] missed appointment fee.

We look forward to hearing from you and continuing your care.

Sincerely,

[Provider Name/Clinic Name]
[Department Name]
[Contact Information]