[Date]

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

Re: Missed Appointment for Durable Medical Equipment (DME) Fitting

Dear [Patient Name],

This letter is to inform you that we missed you at your scheduled appointment on [Date of Missed Appointment] at [Time] for your professional equipment fitting of [Name of Device/Equipment].

Proper fitting and instruction are essential to ensure your medical equipment functions correctly and safely. To maintain the progress of your treatment plan, please contact our office as soon as possible to reschedule this appointment.

You can reach us at [Phone Number] between the hours of [Operating Hours].

Please note our office policy regarding missed appointments: [Optional: Insert policy details regarding fees or cancellation notices].

We look forward to hearing from you and assisting you with your medical equipment needs.

Sincerely,

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