[Date]

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

Subject: Important: Missed Appointment for Medical Equipment Fitting

Dear [Patient Name],

We are writing to inform you that we missed you at your scheduled medical equipment fitting on [Date] at [Time].

Proper fitting is essential to ensure that your [Type of Equipment] functions correctly and provides the medical benefits intended by your healthcare provider. Using equipment that has not been professionally adjusted may lead to discomfort or ineffective treatment.

Please contact our office at [Phone Number] at your earliest convenience to reschedule this appointment. Our office hours are [Hours of Operation].

If you have already received your equipment or if you no longer require this fitting, please let us know so we can update your medical records accordingly.

We look forward to hearing from you soon.

Sincerely,

[Staff Name/Department]
[Clinic/Facility Name]