[Clinic Name]
[Clinic Address]
[Phone Number]
[Date]

To: [Patient Name]
[Patient Address]

Subject: Notification of Missed Appointment for Device Fitting

Dear [Patient Name],

We are writing to inform you that our records show you missed your scheduled appointment for a medical device fitting on [Date] at [Time].

It is important that we proceed with this fitting to ensure your equipment is set up correctly and that your treatment plan remains on schedule. Missing this appointment may delay your progress or affect the authorization of your device.

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

If you no longer require this device or have decided not to proceed with treatment, please let us know so we can update your medical file accordingly.

We look forward to hearing from you.

Sincerely,

[Sender Name/Department]
[Clinic Name]