Current Date: [Insert Date]

Patient Name: [Insert Patient Name]
Patient ID/DOB: [Insert ID or Date of Birth]
Address: [Insert Address]

Subject: Notice of Missed Medical Brace Fitting Appointment

Dear [Insert Patient Name],

This letter is to formally notify you that you missed your scheduled appointment for a medical brace fitting on [Insert Date] at [Insert Time].

The fitting process is a critical step in your treatment plan to ensure the device functions correctly, provides the necessary support, and prevents further injury or discomfort. Using an improperly fitted brace or delaying the fitting may hinder your recovery process.

Please contact our office at [Insert Phone Number] as soon as possible to reschedule this appointment. Failure to reschedule within [Insert Number] days may result in [Insert Consequence, e.g., a missed appointment fee / the return of the device to the manufacturer].

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

Sincerely,

[Insert Name/Department]
[Insert Clinic/Facility Name]
[Insert Contact Information]