[Date]

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

Subject: Missed Appointment for Custom Equipment Fitting

Dear [Patient Name],

This letter is to inform you that our records show you missed your scheduled appointment on [Date] at [Time] for a custom medical equipment fitting.

Because custom equipment is specifically tailored to your measurements and medical needs, it is vital that you attend a fitting to ensure the device functions safely and effectively. Failure to complete this fitting may delay your treatment or result in the equipment being returned to the manufacturer.

Please contact our office at [Phone Number] by [Date] to reschedule this appointment. If we do not hear from you by this time, we may have to cancel the order for your custom equipment.

Please note that our policy for missed appointments is [Description of Fee or Policy, if applicable].

We look forward to hearing from you soon to continue your care.

Sincerely,

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