[Date]

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

Subject: Missed Appointment - Hearing Aid Fitting

Dear [Patient Name],

This letter is to inform you that we missed you at your scheduled hearing aid fitting appointment on [Date] at [Time].

The fitting is a critical step in your hearing healthcare journey. During this appointment, we program your new devices to your specific hearing needs and ensure a comfortable physical fit. Proper instruction on how to use and maintain your hearing aids is also provided at this time.

We understand that unexpected circumstances can arise. Please contact our office at [Phone Number] or email us at [Email Address] as soon as possible to reschedule your appointment.

Please note that [Insert Policy regarding No-Show fees or lead times if applicable].

We look forward to helping you hear better soon.

Sincerely,

[Provider Name]
[Practice Name]