[Date]

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

Dear [Patient Name],

We are writing to follow up regarding your missed appointment for a CPAP machine fitting scheduled on [Date] at [Time].

Properly fitting your CPAP equipment is a critical step in treating your sleep apnea and improving your overall health. During this appointment, our clinicians ensure your mask is comfortable, leak-free, and that you understand how to operate and maintain your device.

We understand that unexpected conflicts arise. Please contact our office at [Phone Number] at your earliest convenience to reschedule this appointment. Our goal is to help you begin your therapy as soon as possible.

Please be advised that if we do not hear from you within [Number] days, we may need to notify your prescribing physician and insurance provider regarding your status.

We look forward to hearing from you.

Sincerely,

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