

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: ACTION REQUIRED - Missed Urgent Care Appointment

Dear [Patient Name],

Our records indicate that you missed an urgent care appointment scheduled for [Date] at [Time] with [Provider Name, if applicable].

Because this was an urgent care visit, we are concerned about your health and wellbeing. Please take one of the following actions immediately:

- **Reschedule:** Call us at [Phone Number] to book a new time.
- **Update Status:** If you went to the Emergency Room or your symptoms have resolved, please let us know so we can update your chart.
- **Portal:** Message your provider through the [Patient Portal Name].

Please note that missed appointments prevent other patients from receiving timely care. Our policy for missed appointments includes [Briefly mention fee or policy if applicable].

If you are experiencing a life-threatening medical emergency, please dial 911 or go to the nearest emergency room immediately.

Sincerely,

[Clinic Name]

[Clinic Phone Number]

[Clinic Website]