

[Clinic Name]
[Clinic Address]
[Phone Number]
[Date]

[Patient Name]
[Patient Address]

Re: Notice of Missed Appointment

Dear [Patient Name],

This letter is to inform you that our records show you missed your scheduled nutrition consultation on [Date] at [Time] with [Nutritionist/Dietitian Name].

We understand that unexpected circumstances can arise. However, these appointments are an important part of your healthcare plan. To reschedule your consultation, please contact our office at [Phone Number] or visit our patient portal.

Please be advised of our clinic policy regarding missed appointments:

- A cancellation notice of at least [Number] hours is required.
- A missed appointment fee of \$[Amount] may be applied to your account.

If you have already rescheduled this appointment, please disregard this notice. We look forward to continuing to support your health and nutrition goals.

Sincerely,

[Sender Name/Signature]
[Title/Department]
[Clinic Name]