

[Current Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Important Notice Regarding Your Missed Appointment

Dear [Patient Name],

We missed you at your scheduled nutrition consultation on [Date of Appointment] at [Time].

Our records indicate that we did not receive a cancellation notice prior to this appointment. As a result, this has been recorded as a "No-Show."

At [Nutrition Clinic Name], we strive to provide quality care to all our clients. When an appointment is missed without notice, it prevents other patients from receiving necessary nutritional guidance. We would like to remind you of our clinic policy:

- Cancellations must be made at least [Number, e.g., 24] hours in advance.
- Missed appointments without notice may result in a fee of \$[Amount].
- Repeated missed appointments may lead to discharge from our clinic's services.

We understand that unexpected emergencies occur. On this occasion, we have [waived the fee / applied a fee of \$XXX to your account].

Please contact us at [Phone Number] or [Email Address] by [Date] to reschedule your session. If we do not hear from you, your remaining scheduled appointments may be cancelled.

We look forward to continuing to support your health and nutrition goals.

Sincerely,

[Your Name/Clinic Manager]

[Nutrition Clinic Name]

[Contact Information]