

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Subject: FINAL NOTICE - Missed Dietary Counseling Appointment

Dear [Insert Patient Name],

This letter serves as a final notice regarding your missed dietary counseling session scheduled for [Insert Date] at [Insert Time]. Our records indicate that you did not attend this appointment and did not provide prior notification to cancel or reschedule.

Dietary counseling is an essential component of your healthcare plan. Consistent attendance is necessary to achieve your health goals and ensure the effectiveness of your treatment.

Please be advised of the following:

- A missed appointment fee of \$[Insert Amount] has been applied to your account.
- Future appointments will not be scheduled until you contact our office to discuss your treatment plan.
- Repeated missed appointments may result in a formal discharge from our dietary services.

If you intend to continue with your nutritional counseling, you must contact us by [Insert Deadline Date] at [Insert Phone Number] to reschedule. If we do not hear from you by this date, we will assume you no longer wish to receive services, and your file will be marked as inactive.

If you have already rescheduled this appointment or if you believe this notice was sent in error, please disregard this letter.

Sincerely,

[Insert Name/Signature]

[Insert Title/Department]

[Insert Facility Name]