

[Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

RE: Missed Dietary Assessment Appointment

Dear [Patient Name],

This letter is to inform you that our records show you missed your scheduled Dietary Assessment appointment on [Date] at [Time].

The dietary assessment is an important part of your healthcare plan. It allows our nutritionists to evaluate your nutritional intake and provide personalized recommendations to help manage your health goals.

We understand that unexpected events occur. Please contact our office at [Phone Number] at your earliest convenience to reschedule this appointment. If you have already called to reschedule, please disregard this notice.

Please be aware of our clinic policy regarding missed appointments: [Insert policy regarding fees or cancellation notice requirements if applicable].

We look forward to hearing from you and continuing to support your health and wellness.

Sincerely,

[Staff Name/Department]
[Clinic Name]