

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Warning - Unattended Nutritional Counseling Appointment

Dear [Patient Name],

This letter is to inform you that our records indicate you did not attend your scheduled nutritional counseling appointment on [Date] at [Time] and did not provide prior notice of cancellation.

Consistent attendance is a vital part of your nutritional plan and overall health goals. When an appointment is missed without notice, it prevents other patients from receiving care during that time slot.

Please be advised of our office policy regarding missed appointments:

- A missed appointment fee of \$[Amount] may be charged to your account.
- Repeated missed appointments may result in a discharge from our nutritional counseling services.

We understand that emergencies occur. If there was an unavoidable conflict, please contact our office at [Phone Number] as soon as possible to discuss your status and reschedule your session.

We look forward to helping you continue your journey toward better health.

Sincerely,

[Provider/Staff Name]

[Practice Name]

[Phone Number]