

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Missed Dietary Counseling Appointment - [Date of Appointment]

Dear [Patient Name],

Our records show that you missed your scheduled dietary counseling appointment on [Date] at [Time] without prior notice.

We understand that unexpected events can occur. Because we value your health and progress, we are offering a one-time grace period for this missed visit. Usually, a [Fee Amount] "no-show" fee is applied to missed appointments; however, we have waived this fee for you today.

Consistency is key to reaching your nutritional goals. We encourage you to contact our office at [Phone Number] or visit our online portal at [Website] to reschedule your session as soon as possible.

Please note that future appointments missed without at least [Number] hours of notice may result in a cancellation fee.

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

Sincerely,

[Provider Name/Clinic Name]

[Phone Number]

[Email Address]