Date: [Date]

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

Subject: Notice of Missed Dental Appointment

Dear [Patient Name],

This letter is to inform you that you missed your scheduled dental procedure on [Date] at [Time]. We missed seeing you in the office and were unable to perform the planned treatment for [Type of Procedure].

When you miss a scheduled procedure without prior notice, it prevents us from providing care to other patients who may have needed that time slot. Additionally, delaying your dental treatment may lead to more significant oral health issues or complications in the future.

Important Information Regarding Our Policy:

- A missed appointment fee of $[Amount] has been applied to your account.
- We require at least [Number] hours notice for cancellations or rescheduling.
- Repeated missed appointments may result in a requirement to prepay for future services or dismissal from our practice.

Please contact us as soon as possible at [Phone Number] or [Email Address] to reschedule your procedure. Keeping your appointments is vital to maintaining your dental health.

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

Sincerely,

[Your Name/Practice Name]
[Office Phone Number]
[Office Website]