[Date]

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

Subject: Notification of Missed Appointment

Dear [Patient Name],

Our records show that you did not attend your scheduled appointment on [Date] at [Time] with [Provider Name]. We did not receive a cancellation notice prior to this time.

Missed appointments (no-shows) prevent other patients from receiving timely care. This letter serves as a formal warning regarding our clinic's attendance policy.

Please be advised of the following:

- A "no-show" fee of $[Amount] may be charged to your account.
- Future appointments may require a deposit or may be restricted.
- Repeated missed appointments may result in discharge from our practice.

If you missed this appointment due to an emergency, please contact us at [Phone Number] as soon as possible to discuss the situation. If you need to reschedule, please call our office or use our online portal.

We value your health and look forward to seeing you at your next visit.

Sincerely,

[Clinic Name]
[Phone Number]
[Clinic Website]