**Date:** [Insert Date]

**To:** [Patient Name]
**Address:** [Patient Address]
**Patient ID:** [Insert ID Number]

**Subject: Notice of Unattended Dental Surgery Appointment**

Dear [Patient Name],

This letter is to inform you that our records show you did not attend your scheduled dental surgery appointment on [Date of Appointment] at [Time of Appointment].

Surgical appointments require a significant block of time and specific preparation by our clinical team. Because we were not notified of your inability to attend, this time could not be offered to other patients requiring urgent care.

Please note the following regarding your account:

- A "No-Show" fee of $[Amount] has been applied to your account as per our office policy.
- Your procedure has been marked as incomplete.
- Future surgical appointments may require a non-refundable deposit.

If you experienced an emergency or believe this notice was sent in error, please contact our office immediately at [Phone Number].

If you wish to reschedule your surgery, please call us within [Number] days. Failure to complete this procedure may result in further complications or a decline in your oral health.

Sincerely,

[Doctor/Manager Name]
[Dental Practice Name]
[Phone Number]