[Clinic Name]
[Clinic Address]
[Phone Number]
[Date]

[Patient Name]
[Patient Address]

Subject: Important: Missed Treatment Notification

Dear [Patient Name],

Our records indicate that you missed your scheduled treatment on [Date] at [Time].

This treatment is an important part of your care plan for [Condition/Reason]. Missing sessions can delay your recovery or impact the effectiveness of your overall medical results.

Please contact our office as soon as possible at [Phone Number] to reschedule this appointment. If you feel you no longer require this treatment, or if there is a reason you can no longer attend, please let us know so we can update your medical file and consult with your provider.

We look forward to hearing from you soon.

Sincerely,

[Provider/Staff Name]
[Clinic Name]