[Practice Name]
[Practice Address]
[Phone Number]
[Email Address]

[Date]

[Patient Name]
[Patient Address]

Subject: Notification Regarding Your Missed Appointment

Dear [Patient Name],

This letter is to inform you that we missed you at your scheduled appointment on [Date] at [Time] for the following procedure: [Procedure Name].

We understand that unexpected events can occur; however, we want to emphasize that this procedure is important for your oral health. Delaying treatment can lead to more complex issues or increased discomfort in the future.

Please contact our office at [Phone Number] at your earliest convenience to reschedule this appointment. You may also schedule online at [Website URL].

Note: Our office policy requires [Number] hours' notice for cancellations. As this appointment was missed without notice, a fee of [Amount] may be applied to your account.

We look forward to hearing from you soon and helping you maintain a healthy smile.

Sincerely,

[Doctor/Office Manager Name]
[Practice Name]