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

Subject: Important Notice Regarding Your Missed Orthodontic Appointment

Dear [Patient Name],

Our records indicate that you missed your scheduled orthodontic appointment on [Date] at [Time] without providing prior notice. We missed seeing you at the clinic.

Consistency is critical to the success of your orthodontic treatment. Missing appointments can result in extended treatment time, unwanted tooth movement, or complications with your braces or appliances. To keep your treatment plan on track, it is essential that we see you for all scheduled adjustments.

Please contact our office at [Phone Number] as soon as possible to reschedule this appointment.

As a reminder, our office policy requires [Number] hours of notice for any cancellations or changes. Failure to provide notice for future appointments may result in a "no-show" fee of $[Amount] or, in repeated cases, dismissal from our practice.

We look forward to helping you achieve your smile goals. Please let us know if you have any questions regarding your care.

Sincerely,

[Doctor/Practice Name]
[Office Phone Number]
[Office Email]