[Your Dental Practice Name]
[Practice Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

RE: Missed Appointment for Dental Operation

Dear [Patient Name],

This letter is to inform you that we missed seeing you for your scheduled dental operation on [Date] at [Time].

We understand that unexpected circumstances can arise; however, surgical appointments require a significant block of time and preparation by our clinical team. Because this time was reserved exclusively for you, other patients waiting for treatment were unable to be seen.

As per our office policy, please note the following regarding this missed appointment:

- A missed appointment fee of $[Amount] has been applied to your account.
- To reschedule your operation, please contact us within [Number] days.
- Repeated missed appointments may result in a requirement to prepay for future services or discharge from the practice.

Your oral health and the success of your procedure are important to us. Please call our office at [Phone Number] as soon as possible to discuss your treatment plan and reschedule your visit.

Sincerely,

[Name/Signature]
[Title/Office Manager]
[Your Dental Practice Name]