[Date]

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

Dear [Patient Name],

This letter is to formally document that you did not attend your scheduled oral surgery procedure on **[Date of Appointment]** at **[Time]**. Our records indicate that we did not receive prior notification regarding your absence.

Missing a surgical appointment without notice disrupts our clinic schedule and prevents other patients from receiving necessary care. Furthermore, delaying your prescribed oral surgery may lead to increased pain, infection, or further complications regarding your dental health.

Please be advised that per our office policy:

- A missed appointment fee of $[Amount] may be charged to your account.
- Future appointments may require a non-refundable deposit.
- Repeated missed appointments may result in dismissal from this practice.

We remain committed to your care. Please contact our office at **[Phone Number]** within 48 hours to reschedule your procedure or to discuss any concerns you may have.

Sincerely,

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