[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 EXTRACTION

Dear [Patient Name],

Our records indicate that you missed your scheduled appointment for a dental extraction on [Date of Appointment] at [Time]. We attempted to contact you at [Phone Number], but were unable to reach you.

We are writing to emphasize that the recommended extraction is necessary for your oral health. Postponing this procedure may lead to serious complications, including:

- Severe pain and discomfort
- Spread of infection or abscess
- Damage to adjacent teeth and bone
- Increased difficulty and cost of future treatment

Please contact our office at [Phone Number] within the next [Number, e.g., 48] hours to reschedule this procedure. If we do not hear from you, we will assume you are seeking care elsewhere and may formally close your active treatment file.

Please be advised that per our office policy, a missed appointment fee of $[Amount] has been applied to your account. This fee must be settled prior to or at the time of your next visit.

We look forward to hearing from you and helping you complete your treatment.

Sincerely,

[Dentist Name/Office Manager]
[Dental Practice Name]