

[Your Company/Clinic Name]
[Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Subject: Notice of Missed Appointment

Dear [Patient/Client Name],

This letter is to inform you that our records show you missed your scheduled appointment on [Date] at [Time].

We understand that unexpected circumstances can arise; however, we kindly request that you provide at least [Number] hours' notice if you need to cancel or reschedule. This allows us to offer the time slot to other clients who may need it.

[Optional: Please be advised that a "No-Show" fee of \$[Amount] has been applied to your account in accordance with our office policy.]

Please contact our office at [Phone Number] at your earliest convenience to reschedule your appointment or to discuss any concerns you may have.

Thank you for your cooperation.

Sincerely,

[Your Name/Department]
[Your Title]