[Date]

[Referring Physician Name]
[Practice Name]
[Address]
[City, State, Zip Code]

RE: [Patient Full Name]
DOB: [Patient Date of Birth]

Dear Dr. [Physician Last Name],

This letter is to inform you that your patient, [Patient Name], did not attend their scheduled consultation/appointment at our office on [Date of Appointment].

Status of Appointment:

- [ ] Patient was a "No-Show" without prior notification.
- [ ] Patient cancelled the appointment and did not reschedule.
- [ ] Patient was unable to be reached for confirmation.

We have attempted to contact the patient to reschedule, but as of this date, an appointment has not been set. We are notifying your office so that you may update your records and determine if further follow-up is required from your clinical team.

If you would like us to make another attempt to schedule this patient, or if you have updated contact information, please let us know.

Sincerely,

[Your Name/Signature]
[Your Title]
[Your Practice Name]
[Your Phone Number]