

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

[Date]

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

Subject: Missed Appointment - Routine Mammogram Screening

Dear [Patient Name],

Our records show that you were unable to attend your scheduled routine mammogram screening on [Appointment Date] at [Appointment Time].

Routine screening is an important part of your preventative healthcare. We would like to help you reschedule this appointment as soon as possible.

Please contact our office at [Phone Number] during our business hours, [Business Hours], to select a new date and time that works for you. You may also reschedule through our online patient portal at [Website URL].

If you have already rescheduled or have recently had your screening at another facility, please let us know so we can update your records.

We look forward to hearing from you.

Sincerely,

[Sender Name/Department Name]
[Clinic Name]