

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Our records indicate that you missed your scheduled colonoscopy appointment on [Date of Missed Appointment] at [Time].

A colonoscopy is a vital screening procedure for the prevention and early detection of colorectal cancer. Because your health is our priority, we would like to help you reschedule this procedure as soon as possible.

Please contact our scheduling department at [Phone Number] between the hours of [Operating Hours] to set a new appointment date. You may also reschedule through your patient portal at [Website URL].

If you have already rescheduled or if you believe you received this letter in error, please disregard this notice. Please be aware that a cancellation fee of [Amount] may apply if appointments are not cancelled within [Number] hours of the scheduled time.

We look forward to hearing from you and continuing to assist with your healthcare needs.

Sincerely,

[Doctor/Provider Name]

[Facility/Clinic Name]

[Phone Number]