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

[Date]

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

Dear [Patient Name],

Our records show that you missed your scheduled appointment for a **Fall Risk Assessment** on [Missed Appointment Date].

Your safety is important to us. This assessment is a vital part of your preventive care. It helps us identify factors that may increase your risk of falling and allows us to create a plan to help you stay independent and avoid injuries.

Please contact our office at [Phone Number] as soon as possible to reschedule this appointment. If you have already rescheduled, please disregard this notice.

We look forward to seeing you soon.

Sincerely,

[Provider Name/Practice Name]