

Date: [Insert Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: FINAL WARNING: Notice of Potential Discharge Due to Multiple No-Shows

Dear [Patient Name],

This letter is to formally notify you regarding your missed appointment on [Date of Last Missed Appointment]. Our records indicate that this is your [Number] missed appointment without prior cancellation or notification to our clinic.

At [Clinic Name], we strive to provide timely care to all our patients. When an appointment is missed without notice, it prevents other patients who need medical attention from being seen. As per our clinic policy, which was provided to you at the start of your care, multiple "no-show" events are grounds for dismissal from the practice.

This serves as your final warning. If you miss one more scheduled appointment without providing at least [24/48] hours' notice, we will be forced to formally discharge you as a patient. Should a discharge occur, you will be notified in writing and provided with [30] days of emergency care and a transfer of records to a new provider of your choice.

We value your health and wish to continue your care. Please contact us at [Phone Number] if there are extenuating circumstances we should be aware of, or to confirm your next scheduled appointment on [Date of Next Appointment, if applicable].

Sincerely,

[Provider Name or Practice Manager]

[Clinic Name]

[Phone Number]