

[Date]

To the Parent or Guardian of [Patient Name],

Subject: Follow-Up Regarding Missed Appointments

We are writing to you because [Patient Name] has missed several recently scheduled appointments on the following dates:

- [Date 1]
- [Date 2]
- [Date 3]

Regular check-ups and follow-up visits are essential to ensure your child's health and development are on track. Missing these visits may result in delays in necessary care, immunizations, or medication refills.

If you are experiencing difficulties that prevent you from making it to the clinic, please let us know so we can assist you. If we do not hear from you by [Date], we may have to consider transitioning your child's care to another provider.

Please call our office at [Phone Number] to reschedule these appointments or to discuss any concerns you may have.

Sincerely,

[Doctor/Provider Name]

[Clinic Name]

[Clinic Phone Number]