

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

[Date]

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

Re: Missed Medical Appointments

Dear [Patient Name],

We are writing to you today out of concern for your health and well-being. Our records indicate that you have missed your last [Number] scheduled appointments on [Date] and [Date] without providing prior notice.

Regular follow-up care is essential to ensure that your treatment plan is effective and to monitor your medical condition. When appointments are missed, it can lead to delays in necessary care and may impact your long-term health outcomes.

We understand that unexpected circumstances can arise. We are sending this letter in good faith to encourage you to re-engage with your healthcare. Please contact our office at [Phone Number] by [Date] so that we may reschedule your visit or discuss any barriers you may be facing in attending your appointments.

If you have decided to seek care elsewhere, please let us know so that we may assist in the transfer of your medical records to your new provider to ensure continuity of care.

Your health is our priority, and we look forward to hearing from you soon.

Sincerely,

[Your Name/Signature]
[Title/Medical Practice Name]