

PATIENT LETTER – FIRST MISSED APPOINTMENT

Date _____

Patient Address _____

Dear _____:

Our records indicate that you missed your appointment. Please call **(our office/the clinic)** and we will be happy to schedule another appointment for you. Any time you are unable to keep your appointment, we would appreciate a call in advance from you so that we may cancel your appointment and use the appointment time for another patient.

We are interested in your health care and hope to hear from you soon. If you have any questions, please contact **(the office/clinic)** at **(telephone number)**.

Sincerely,

(Physician Signature)

Department of _____

SAMPLE PATIENT LETTER – SECOND OR THIRD MISSED APPOINTMENT
USE DEPARTMENT LETTERHEAD

Date

Patient Address

Dear _____:

Our records indicate that you missed your appointment again. Missed appointments without cancellation and rescheduling prevent us from providing for your health care needs. If you have schedule conflicts, we will be happy to work with you in rescheduling at a time convenient for you. A call to cancel an appointment in advance will allow us to use the appointment time for other patients needing to be seen.

As always, we are interested in your health care and wish to continue providing health care for you at your request; however, if you continue to miss appointments without advance notice, we will be forced to dismiss you from care in our office.

We hope to hear from you soon. Please contact (the office/clinic) at (telephone number) if you have any questions.

Sincerely,

(Physician Signature)
Department of _____