



Date: _____ / _____ / _____

Dear _____:

Our office had an appointment reserved for you today with _____ on _____ at _____ am/pm. Our records indicate you did not show for your appointment, or call to cancel with more than 24 hours' notice.

Our office would like to give you an opportunity to reschedule this appointment. We also want to inform you of our office policy on late cancellations and no show appointments.

Recognizing that everyone's time is valuable, and that appointment time is limited, our office asks that you provide 24 hours' notice if you are unable to keep your appointment with your provider. Barring any unusual circumstances, if you miss three appointments in a 12-month period without giving us advanced notice; we may consider asking you to seek your medical care elsewhere. If you are a new patient and you miss the initial visit twice without giving us advanced notice; we may consider asking you to seek your medical care elsewhere.

In the event of an emergency and during inclement weather, please contact our office within 30 minutes of the office opening and inform us that you need to cancel the appointment.

This is your _____ missed appointment.

Please call us at _____ to reschedule your appointment.

We look forward to seeing you and appreciate your anticipated cooperation. If you have any questions, please do not hesitate to call us during office hours.

Sincerely,