

SAMPLE MISSED APPOINTMENT LETTER

[Date]

Via Certified Mail, Return Receipt Requested

[Patient Name]

[Patient Address]

Dear *[Patient Name]*,

As you know, you *[cancelled or did not show]* for your follow-up appointment on *[indicate date]* without rescheduling. We were unable to reach you by telephone.

Continued care is essential to your health, and failure to adhere to the agreed upon plan of care may have significant consequences. It is important to your health that you schedule an appointment within the next *[indicate number of days/weeks/months]*. You will recall we discussed your need for a follow-up appointment in my office on *[indicate date of last visit or discussion]*. *****(If the patient has a condition that requires specific care, state the care as well as the consequences of not following up in clear layman's terms. If the patient has a condition that needs periodic follow-up, state the frequency and urgency of the follow-up, and state the consequences of not getting the follow-up at the recommended time interval in clear, patient-friendly language.)*****

Further delays could jeopardize your health, so I urge you to act promptly and contact our office as soon as possible to reschedule.

Best Regards,

[Physician Name Typed]

[Physician Signature]

cc: Patient File