## (Office Practice Letter Head)

Date
Patient's name Address
Dear [patient's name]:
On[date], you did not keep your appointment at my office.
In order to provide you with the best care possible, it's important to keep your scheduled appointments. Enclosed is our practice policy related to missed appointments for you to review.
Please call my office [phone number] to reschedule your appointment. If you would like to discuss any concerns you may have or difficulties in attending your appointments, contact [name of Office Manager or Doctor].
If you would like to transfer your care to another physician, let us know to ensure there is no delay in your care. To transfer a copy of your medical records from our office to your new physician, you will need to sign our "Release of Medical Records Form." You may come to the office to sign the form or call our office and ask that we mail the form to you.
I hope to see or hear from you in the near future.
Very truly yours,
, MD