

Dear [Patient's Name],

We hope this message finds you well. We wanted to take a moment to explain our No-Show Policy, which applies to all patients who fail to attend scheduled appointments without prior notice.

At [Clinic/Practice Name], we strive to provide the best care to all of our patients. When a patient does not show up for their appointment, it not only affects their own health but also limits access to care for other patients.

Our No-Show Policy is as follows:

- We require at least [24/48] hours notice for any cancellation or rescheduling of appointments.
- Failure to attend an appointment without prior notice will result in a no-show fee of [amount].
- Repeated no-shows may lead to the loss of appointment privileges.

If you have any questions or concerns about this policy, please do not hesitate to contact us at [Contact Information]. We appreciate your understanding and cooperation in helping us provide quality care to all our patients.

Sincerely,
[Your Name]
[Your Position]
[Clinic/Practice Name]