

No-Show Appointment Policy

Dear [Patient's Name],

We hope this message finds you well. We would like to take this opportunity to remind you of our No-Show Appointment Policy.

At [Clinic Name], we value your time and strive to provide the best possible care for all our patients. In order to ensure that we can accommodate everyone, we ask that you notify us at least [24/48] hours in advance if you are unable to attend your scheduled appointment.

Failure to cancel or reschedule an appointment in a timely manner may result in a No-Show fee of [insert fee amount], and repeated no-shows may lead to the cancellation of future appointments.

If you have any questions regarding this policy or would like to reschedule your appointment, please do not hesitate to contact us at [Clinic Phone Number] or [Clinic Email].

Thank you for your understanding and cooperation.

Sincerely,

[Your Name]

[Your Title]

[Clinic Name]

[Clinic Address]

[Clinic Phone Number]

[Clinic Email]