

Appointment Absence Acknowledgment

Date: [Insert Date]

To: [Patient's Name]

Address: [Patient's Address]

Dear [Patient's Name],

We have received your notification regarding your absence for the scheduled appointment on [Insert Appointment Date]. We understand that unforeseen circumstances can arise.

If you would like to reschedule your appointment, please contact our office at [Insert Phone Number] or [Insert Email Address]. We will be happy to assist you in finding a new time that works for you.

Thank you for keeping us informed.

Sincerely,

[Your Name]

[Your Position]

[Your Organization]

[Contact Information]