

Here is sample letter that you may send to patients that chronically cancel or no-show.
Please note that this is only a sample. Feel free to modify to fit in with your office.

Chronically Cancel or No-Show Letter - Charge

Dear _____,

We would like to thank you for being a patient in our practice. We value all of our patients and strive to provide the best dental care possible in the most comfortable setting.

We have noticed that you missed or had to cancel one or more recent appointments. Please understand that when we schedule your appointment, we are reserving time for your particular needs. When your appointment is made, a room is reserved, your records are prepared, and special instruments are readied for your visit. Except in the case of emergency treatment for another patient, you can expect us to be running on schedule.

We kindly ask that if you must change an appointment, please give us at least 48 hours notice. This courtesy makes it possible to give your reserved time to another patient who would like it should you not be able to utilize that time.

We have many different ways that your appointments may be confirmed in the future, including email and texting to your mobile device. Please let us know your preference.

There will be a charge of \$xx for missing scheduled appointments. Repeated cancellations or missed appointments will result in loss of future appointment privileges.

Thank you very much for your understanding. Please call us at _____ should you have any questions.

Sincerely,