

McLaren Print System Order

Order No: 54519 Reprint Previous Order No: 7182
Order Date: 2020-05-28
User: Verna Lee
Phone: 989-370-2708

Ship Location: McLaren Primary Care - Denise T
2990 Campbell Rd.
Rose City, MI 48654

Forms

Quantity: 100
Paragon Dept No: 69250
Dept Name: McLaren Primary Care
Company Number: 810

Order Total Price: 16.70

Item Number: MM-73
Item Description: Missed Appointment Letter
Revision Date: 5/2019
Print: 1 sided full color
Paper: 70# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill:
Misc Info:



Date: _____

Dear _____:

Our office had an appointment reserved for you today with _____ on _____ at _____ am/pm. Our records indicate you did not show for your appointment, or call to cancel with more than 24-hour notice.

Our office would like to give you an opportunity to reschedule this appointment. We also want to inform you of our office policy on late cancellations and no show appointments.

Recognizing that everyone's time is valuable, and that appointment time is limited, our office asks that you provide 24-hour notice if you are unable to keep your appointment with your provider. Barring any unusual circumstances, if you miss three appointments in a 12-month period without giving us advanced notice, we may consider asking you to seek your medical care elsewhere. If you are a new patient and you miss the initial visit twice without giving us advanced notice, we may consider asking you to seek your medical care elsewhere.

In the event of an emergency and during inclement weather, please contact our office within 30 minutes of the office opening and inform us that you need to cancel the appointment.

This is your _____ missed appointment.

Please call us at _____ to reschedule your appointment.

We look forward to seeing you and appreciate your anticipated cooperation. If you have any questions, please do not hesitate to call us during office hours.

Sincerely,