Dental Practice Name
Address
City, Province, Postal Code
Telephone / Website / Email

Date

Patient's Name
Address
City, Province
Postal Code

Dear Patient,

We are concerned that you have cancelled two appointments recently. The time we scheduled for you to see Dr. _____ was reserved exclusively for you. When you do not call to change an appointment and do not show up, it limits our ability to offer other patients a prime time appointment for necessary treatment.

Your dental treatment is important and needs to be completed. Instead of rescheduling an appointment for you at this time, we have placed you on our Executive List because you seem to have a very busy schedule. We will call you on the days that there is time in our schedule, to see if you are available to come in to complete your treatment. However, if you choose to re-schedule your appointment at this time, we will require a $100 deposit paid by credit card to confirm your appointment.

Sincerely,

Doctor's Name

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