

# NC WIC Program Missed Appointment

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Dear Participant/Parent/Guardian/Caretaker:

You have missed your WIC appointment that was scheduled for \_\_\_\_\_  
at \_\_\_\_\_ AM/PM.

Please call or visit the WIC office as soon as possible to make another appointment.

WIC provides good food and good advice. We look forward to seeing you again.

Sincerely,

Clinic Name: \_\_\_\_\_

Clinic Address: \_\_\_\_\_

Clinic Phone: \_\_\_\_\_

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