

# Appointment Rescheduling Request

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Doctor's Name]

[Medical Practice Name]

[Practice Address]

[City, State, Zip Code]

Dear [Doctor's Name],

I hope this message finds you well. I am writing to request a rescheduling of my upcoming appointment originally set for [original appointment date and time]. Unfortunately, due to [brief reason], I am unable to attend at that time.

I would greatly appreciate it if we could reschedule the appointment to a later date. I am available on [provide two or three alternative dates and times]. Please let me know if any of these options work for your schedule or if there are other times you would recommend.

Thank you for your understanding. I look forward to your response.

Best regards,

[Your Name]