

# Cancellation of Medical Interpreter Services

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Interpreter Service Provider Name]

[Provider Address]

[City, State, Zip Code]

Dear [Service Provider's Name],

I am writing to formally cancel the medical interpreter services scheduled for [insert date and time] for the following reason: [insert reason for cancellation].

Please confirm the cancellation of the interpreter services at your earliest convenience. If there are any fees or policies I should be aware of regarding this cancellation, kindly let me know.

Thank you for your understanding.

Sincerely,

[Your Name]