

Cancellation Notice

Date: [Insert Date]

To: [Clinic/Hospital Name]

Address: [Clinic/Hospital Address]

Phone: [Clinic/Hospital Phone Number]

Dear [Recipient's Name],

I am writing to formally notify you that I must cancel my radiology appointment scheduled for [Insert Date and Time].

Unfortunately, due to [brief reason, e.g., personal reasons, unforeseen circumstances], I will be unable to attend.

Please let me know if I need to take any further action to ensure the cancellation is processed. I would appreciate it if you could confirm the cancellation of my appointment.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Contact Information]