

# Appointment Cancellation Notice

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Appointment Date: [Insert Original Appointment Date]

Dear [Insert Patient Name],

We regret to inform you that your endocrinology appointment scheduled for [Insert Original Appointment Date] has been cancelled due to [reason for cancellation].

Please contact our office at [Insert Phone Number] to reschedule your appointment at your earliest convenience.

We apologize for any inconvenience this may cause and appreciate your understanding.

Sincerely,

[Insert Your Name]

[Insert Your Title]

[Insert Clinic/Hospital Name]

[Insert Contact Information]