

Appointment Rescheduling Request

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Doctor's Name]

[Clinic/Hospital Name]

[Clinic 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] due to [brief reason for rescheduling].

If possible, I would appreciate being able to reschedule my appointment to a later date. I am available on [provide two or three alternative dates and times], but I am happy to accommodate your schedule as needed.

Thank you for your understanding, and I apologize for any inconvenience this may cause. I look forward to continuing my treatment under your care.

Sincerely,

[Your Name]