

# Cancellation Notice for Outpatient Procedure

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are writing to inform you that your scheduled outpatient procedure on [Date of Procedure] has been cancelled.

We understand that this may be inconvenient, and we sincerely apologize for any disruption this may cause to your plans. If you have any questions or would like to reschedule your procedure, please do not hesitate to contact our office at [Office Phone Number].

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]

[Healthcare Facility Name]