

# Cancellation of Eye Examination Appointment

Date: [Insert Date]

To: [Insert Eye Clinic Name]

Address: [Insert Eye Clinic Address]

Dear [Insert Doctor's Name/Clinic's Receptionist],

I am writing to formally cancel my scheduled eye examination appointment on [Insert Appointment Date] at [Insert Appointment Time].

Unfortunately, due to [Insert Reason for Cancellation], I will not be able to attend.

I apologize for any inconvenience this may cause and would appreciate it if you could confirm the cancellation. I may wish to reschedule the appointment at a later date.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Contact Information]