

Cancellation of Gastrointestinal Test Appointment

Date: [Insert Date]

To: [Provider's Name]

[Provider's Office Address]

[City, State, Zip Code]

Dear [Provider's Name],

I am writing to inform you that I need to cancel my appointment for the gastrointestinal test that was scheduled for [Insert Date and Time]. Unfortunately, due to [brief reason for cancellation, e.g., personal reasons, medical issues], I will not be able to attend.

Please let me know if I need to take any further actions regarding this cancellation or if I should reschedule my appointment for a later date. I apologize for any inconvenience this may cause.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Contact Information]