

# Appointment Rescheduling Notification

Date: [Insert Date]

Dear [Patient's Name],

We hope this message finds you well. We are writing to inform you that your gastrointestinal test appointment originally scheduled for [Original Date and Time] needs to be rescheduled due to [Reason for Rescheduling].

We apologize for any inconvenience this may cause and would like to offer you a new appointment on the following dates:

- [New Date 1 and Time]
- [New Date 2 and Time]
- [New Date 3 and Time]

Please let us know which option works best for you, or feel free to suggest another time if none of the above are suitable.

Thank you for your understanding, and we look forward to assisting you with your health needs.

Sincerely,

[Your Name]

[Your Position]

[Clinic/Hospital Name]

[Contact Information]