

Cancellation of Vision Therapy Session

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Therapist's Name]

[Vision Therapy Center's Name]

[Center's Address]

[City, State, ZIP Code]

Dear [Therapist's Name],

I am writing to inform you that I need to cancel my upcoming vision therapy session scheduled for [Date and Time]. Unfortunately, [brief reason for cancellation, if desired].

Please confirm the cancellation at your earliest convenience. I apologize for any inconvenience this may cause and appreciate your understanding.

Thank you for your assistance.

Sincerely,

[Your Name]