

Appointment Cancellation Notification

Dear [Patient's Name],

We regret to inform you that your genetic counseling appointment scheduled for [Date and Time] has been canceled due to [Reason for Cancellation].

Please contact our office at [Office Phone Number] or [Email Address] to reschedule your appointment at a time that is convenient for you.

We apologize for any inconvenience this may cause and appreciate your understanding.

Sincerely,

[Your Name]

[Your Title]

[Clinic/Hospital Name]

[Contact Information]