

Respiratory Therapy Session Cancellation Notice

Date: [Insert Date]

To: [Patient's Name]

[Patient's Address]

Dear [Patient's Name],

We regret to inform you that your scheduled respiratory therapy session on [Insert Date] at [Insert Time] has been cancelled due to [reason for cancellation, e.g., unforeseen circumstances, scheduling conflict].

We understand the importance of your treatment and would like to reschedule your session at your earliest convenience. Please contact our office at [Insert Phone Number] or [Insert Email Address] to arrange a new appointment.

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

Sincerely,

[Your Name]

[Your Title]

[Medical Facility Name]

[Contact Information]