

# Cancellation Notice

Date: [Insert Date]

Dear [Patient's Name],

We regret to inform you that your scheduled Pulmonary Function Test on [Original Date] at [Time] has been canceled due to [Reason for Cancellation]. We apologize for any inconvenience this may cause.

Please contact our office at [Office Phone Number] to reschedule your appointment at your earliest convenience.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Title]

[Clinic or Hospital Name]

[Contact Information]