

Notification of Changes to Your Pulmonary Function Test Schedule

Dear [Patient's Name],

We are writing to inform you of a change to your upcoming Pulmonary Function Test appointment originally scheduled for [original date and time]. Due to [reason for the change], we have rescheduled your appointment.

Your new appointment details are as follows:

- **Date:** [new date]
- **Time:** [new time]
- **Location:** [clinic/hospital name and address]

Please confirm your availability for the new date and time. If you have any questions or require further assistance, feel free to contact us at [contact number] or [email].

Thank you for your understanding and cooperation.

Sincerely,

[Your Name]

[Your Title]

[Clinic/Hospital Name]