

Cancellation of Immunotherapy Treatment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Recipient's Name]

[Doctor's Office or Clinic Name]

[Clinic Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally cancel my scheduled immunotherapy treatments at [Clinic Name]. My treatment was originally set to begin on [Start Date] and I regret any inconvenience this decision may cause.

After careful consideration, I have decided to pursue an alternative treatment plan. I appreciate the care and support provided by [Clinic Name] thus far.

Please confirm the cancellation of my treatment at your earliest convenience. If you require any further information or need to discuss this matter, feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your understanding.

Sincerely,

[Your Name]