

Vascular Assessment Appointment Rescheduling

Date: [Insert Date]

Dear [Patient's Name],

We hope this message finds you well. We are writing to inform you that your vascular assessment appointment originally scheduled for [Original Date] has been rescheduled.

Your new appointment details are as follows:

Date: [New Date]

Time: [New Time]

Location: [Clinic/Hospital Name, Address]

We apologize for any inconvenience this may cause and appreciate your understanding. If the new date and time are not suitable, please feel free to contact our office at [Contact Number] to discuss other available options.

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Title]

[Clinic/Hospital Name]

[Contact Information]