

Vascular Assessment Cancellation Notice

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Dear [Patient's Name],

We regret to inform you that your scheduled vascular assessment appointment on [Insert Date] at [Insert Time] has been cancelled. This cancellation is due to [Insert Reason for Cancellation].

We understand that this may cause inconvenience, and we sincerely apologize for any disruption this may cause to your plans. We would like to assure you that your health is our priority, and we encourage you to reschedule your appointment at your earliest convenience.

Please contact our office at [Insert Phone Number] or [Insert Email Address] to reschedule your appointment or if you have any questions regarding this cancellation.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Title]

[Clinic/Hospital Name]

[Contact Information]