

# Cancellation of Radiation Therapy Appointment

Date: [Insert Date]

Dear [Doctor's Name or Office Name],

I am writing to formally cancel my upcoming radiation therapy appointment originally scheduled for [insert date and time]. Due to [reason for cancellation, e.g., personal reasons, scheduling conflict, etc.], I am unable to attend.

Please confirm the cancellation of my appointment, and let me know if there are any steps I need to take or if I need to reschedule for a later date.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Contact Information]