

Confirmation of Rescheduled Medical Supply Delivery

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

Dear [Recipient's Name],

We are writing to confirm the rescheduling of your medical supply delivery.

New Delivery Date: [Insert New Date]

Time of Delivery: [Insert Time]

We apologize for any inconvenience caused and appreciate your understanding in this matter. If you have any questions or need further assistance, please do not hesitate to contact us at [Insert Contact Information].

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Position]

[Your Company]

[Your Contact Information]