

Cancellation of Hearing Test Appointment

Dear [Patient's Name],

We regret to inform you that your scheduled hearing test appointment on [Date] at [Time] has been cancelled due to [Reason for Cancellation].

We apologize for any inconvenience this may cause. Please contact our office at [Phone Number] or email us at [Email Address] to reschedule your appointment at your earliest convenience.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Title]

[Clinic Name]

[Clinic Phone Number]

[Clinic Address]