

# Cancellation of Vision Correction Consultation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient Name]

[Clinic/Hospital Name]

[Clinic/Hospital Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally cancel my appointment for the vision correction consultation scheduled on [Insert Date and Time]. Due to [a brief reason for cancellation, e.g., personal reasons, scheduling conflicts], I will not be able to attend.

I apologize for any inconvenience this may cause and appreciate your understanding. Please confirm the cancellation of my appointment at your earliest convenience.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]