

# Skin Cancer Screening Rescheduling Request

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[Medical Facility Name]

[Facility Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to request a rescheduling of my skin cancer screening appointment that was originally set for [original date and time]. Unfortunately, due to [brief reason for rescheduling], I am unable to attend at that time.

I would greatly appreciate it if you could assist me in finding a new appointment date that works for me. I am available on [provide two or three available dates and times] but am happy to accommodate your schedule as well.

Thank you for your understanding and assistance in this matter. I look forward to hearing from you soon.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]