

Healthcare Service Cancellation Letter

Your Name
Your Address
City, State, Zip Code
Email Address
Phone Number
Date: [Insert Date]

Recipient's Name
Clinic or Healthcare Provider's Name
Address
City, State, Zip Code

Subject: Cancellation of Healthcare Services

Dear [Recipient's Name],

I am writing to formally notify you of the cancellation of my healthcare services with [Clinic or Healthcare Provider's Name] due to my upcoming relocation. My last day of service will be [insert last date of service].

Please let me know if there are any final steps I need to take or forms I need to fill out to complete this cancellation. I appreciate the care and services I have received during my time at your facility.

Thank you for your understanding.

Sincerely,
[Your Name]