

Cancellation Notice

Date: [Insert Date]

To: [Client's Name]

[Client's Address]

Dear [Client's Name],

We are writing to inform you that your medical concierge service has been successfully cancelled as per your request received on [Insert Request Date]. Your cancellation is effective as of [Insert Effective Date].

If you have any questions or need further assistance, please do not hesitate to contact our office at [Insert Contact Information]. We appreciate your trust in our services and hope to assist you again in the future.

Thank you for being a valued client.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Contact Information]