

# Cancellation Notice

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

Dear [Recipient's Name],

We regret to inform you that your scheduled medical check-up on [Insert Date] has been cancelled due to [reason for cancellation].

We apologize for any inconvenience this may cause and would be happy to assist you in rescheduling your appointment at a time that is convenient for you. Please contact our office at [Insert Phone Number] or [Insert Email Address] to arrange a new appointment.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Title]

[Your Medical Facility]