Patient Sleep Study Rescheduling Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

To: [Clinic/Doctor's Office Name]

[Office Address]

[City, State, Zip Code]

Dear [Doctor's Name or Sleep Study Coordinator],

I hope this message finds you well. I am writing to request the rescheduling of my sleep study originally planned for [Original Date and Time]. Due to [brief explanation of reason, e.g., a scheduling conflict, medical issue], I am unable to attend on the previously scheduled date.

I would greatly appreciate it if you could provide alternative dates and times for the sleep study. I am available on [provide a few options of new dates and times that work for you].

Thank you for your understanding and assistance with this matter. Please let me know if there are any forms or procedures I should complete. I look forward to hearing from you soon.

Sincerely,

[Your Name]