

# Cancellation Request

Date: [Insert Date]

To: [Therapist's Name]

[Therapist's Business Name]

[Business Address]

[City, State, Zip Code]

Dear [Therapist's Name],

I am writing to formally request the cancellation of my massage therapy session scheduled for [insert date and time]. Due to [insert reason for cancellation, if desired], I will be unable to attend the appointment.

I apologize for any inconvenience this may cause and appreciate your understanding. Please confirm the cancellation at your earliest convenience.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Contact Information]