Appointment Rescheduling Request

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Medical Facility's Name]

[Facility's Address]

[City, State, Zip Code]

Subject: Request to Reschedule Appointment

Dear [Recipient's Name],

I hope this message finds you well. I am writing to request a rescheduling of my upcoming appointment originally set for [original appointment date and time] due to [reason for rescheduling].

I would greatly appreciate it if we could move my appointment to a later date. I am available on [provide two or three alternative dates and times].

Thank you for your understanding and assistance. I look forward to your prompt response.

Sincerely,

[Your Name]