

Your Name  
Your Address  
City, State, Zip Code  
Email Address  
Phone Number  
Date

Doctor's Name  
Clinic/Hospital Name  
Clinic/Hospital Address  
City, State, Zip Code

Dear Dr. [Doctor's Last Name],

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

If possible, I would appreciate it if we could reschedule my appointment to a later date. I am available on [provide two or three alternative dates and times], but I am willing to accommodate your schedule as best as I can.

Thank you for your understanding. I look forward to your response.

Sincerely,  
[Your Name]