

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Healthcare Provider's Name]

[Healthcare Facility Name]

[Facility Address]

[City, State, Zip Code]

Dear [Healthcare Provider's Name],

I hope this message finds you well. I am writing to formally request the urgent rescheduling of my upcoming healthcare appointment originally set for [original date and time]. Due to [brief explanation of the reason, e.g., a personal emergency, unexpected obligation], I am unable to attend at the scheduled time.

I kindly ask if it would be possible to reschedule my appointment for a later date. I am available on [provide two or three alternatives for dates and times]. I appreciate your understanding and assistance in this matter as it is crucial for my health.

Thank you for your attention to this request. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Medical Record Number (if applicable)]