

Change Request for Preoperative Consultation Date

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

[Recipient's Name]
[Recipient's Title]
[Hospital/Clinic Name]
[Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request a change to my scheduled preoperative consultation originally set for [Original Date] at [Original Time].

Due to [reason for change], I would like to reschedule the appointment to a later date. I am available on [Provide two or three alternative dates and times].

I appreciate your understanding and assistance in accommodating this change. Please let me know if the suggested dates work, or if there are other available slots.

Thank you for your attention to this matter.

Sincerely,

[Your Name]