

Cancellation Notice

Date: [Insert Date]

Dear [Patient's Name],

We regret to inform you that your scheduled telemedicine consultation on [Insert Date and Time] has been canceled due to [reason for cancellation, e.g., scheduling conflicts or unforeseen circumstances].

Please contact our office at [Office Phone Number] or [Office Email] to reschedule your appointment at a more convenient time.

We apologize for any inconvenience this may cause and appreciate your understanding.

Sincerely,

[Your Name]

[Your Position]

[Practice Name]

[Contact Information]