

Cancellation Notice

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

Dear [Recipient's Name],

We regret to inform you that the pediatric health assessment appointment scheduled for [Insert Date and Time] for [Child's Name] has been canceled due to [reason for cancellation].

We apologize for any inconvenience this may cause. Please contact our office at [Office Phone Number] to reschedule the appointment or if you have any questions.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Position]

[Your Organization]

[Your Contact Information]