

Cancellation of Allergy Testing Appointment

Date: [Insert Date]

To: [Clinic/Hospital Name]

Address: [Clinic/Hospital Address]

Dear [Recipient's Name],

I am writing to formally cancel my allergy testing appointment scheduled for [Insert Date and Time]. Due to [brief reason, if comfortable], I am unable to attend.

I apologize for any inconvenience this may cause and appreciate your understanding. Please let me know if I need to take any further actions or provide additional information.

Thank you for your attention to this matter. I look forward to rescheduling my appointment at a later date.

Sincerely,

[Your Name]

[Your Contact Information]