

Audiology Service Cancellation Notice

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

Dear [Patient's Name],

We regret to inform you that your audiology appointment scheduled for [Date of Appointment] at [Time] has been cancelled due to [reason for cancellation].

If you would like to reschedule your appointment, please contact our office at [Office Phone Number] or [Office Email]. We apologize for any inconvenience this may cause and appreciate your understanding.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Audiology Clinic/Practice Name]

[Clinic Address]

[Clinic Phone Number]