

# Request for Clarification on Treatment Delay

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[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 request clarification regarding the delay in the treatment that I am supposed to receive for [specify treatment or condition].

As per our last communication on [insert date], it was indicated that the treatment would commence by [insert expected date]. However, I have not received any updates or further information regarding the timelines or reasons for the delay.

I would appreciate it if you could provide me with an update at your earliest convenience, as this information is essential for my planning and ongoing care.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]