

Cancellation of Allergy Test Appointment

Date: [Insert Date]

To: [Healthcare Provider's Name]

Address: [Healthcare Provider's Address]

Dear [Healthcare Provider's Name],

I am writing to formally cancel my appointment for an allergy test scheduled on [Insert Appointment Date] at [Insert Appointment Time]. Unfortunately, due to [Insert Reason for Cancellation], I am unable to attend.

I appreciate your understanding in this matter and would like to reschedule my appointment if possible. Please let me know available dates and times at your earliest convenience.

Thank you for your attention to this matter. I apologize for any inconvenience I may have caused.

Sincerely,

[Your Name]

[Your Contact Information]