

Cancellation Notice

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Provider: [Insert Provider Name]

Facility: [Insert Facility Name]

Dear [Patient Name],

This letter serves to inform you that your scheduled respiratory therapy appointment on [Insert Appointment Date] at [Insert Time] has been canceled. We apologize for any inconvenience this may cause.

Please contact our office at [Insert Phone Number] to reschedule your appointment at your earliest convenience.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Title]

[Facility Name]