

Rescheduling Request for Respiratory Therapy Appointment

Date: [Insert Date]

To: [Respiratory Therapist's Name]

[Clinic/Hospital Name]

[Clinic/Hospital Address]

Dear [Respiratory Therapist's Name],

I hope this message finds you well. I am writing to request a rescheduling of my upcoming respiratory therapy appointment originally scheduled for [original date and time].

Due to [brief reason for rescheduling, e.g., a scheduling conflict, unforeseen circumstances], I am unable to attend at that time. I would greatly appreciate the opportunity to reschedule my appointment to a later date.

If possible, I would prefer an appointment on [suggest two or three alternative dates and times], but I am open to any other available times you may have.

Thank you for your understanding and assistance with this matter. I look forward to your reply.

Sincerely,

[Your Full Name]

[Your Contact Information]

[Your Patient ID (if applicable)]