

Cancellation of Geriatric Care Consultation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Provider's Name]

[Provider's Office Name]

[Provider's Address]

[City, State, Zip Code]

Dear [Provider's Name],

I am writing to formally cancel my scheduled geriatric care consultation originally set for [Insert Date] at [Insert Time]. Due to [reason for cancellation], I will not be able to attend.

I apologize for any inconvenience this may cause and appreciate your understanding. I would like to reschedule this appointment if possible. Please let me know about available dates and times.

Thank you for your attention to this matter.

Sincerely,

[Your Name]