

# Diabetic Care Session Cancellation Notice

Date: [Insert Date]

Dear [Patient's Name],

We hope this message finds you well. We are writing to inform you that your upcoming diabetic care session scheduled for [Insert Date and Time] has been canceled due to [reason for cancellation, e.g., unforeseen circumstances, scheduling conflict].

We apologize for any inconvenience this may cause and want to assure you that your health and care are our top priority. Please contact our office at [Insert Phone Number] or [Insert Email Address] to reschedule your session at a time that is convenient for you.

Thank you for your understanding.

Sincerely,  
[Your Name]  
[Your Title]  
[Your Organization]  
[Contact Information]