

Hearing Aid Fitting Cancellation Notice

Date: _____

Dear [Recipient's Name],

We are writing to inform you that your hearing aid fitting appointment scheduled for [Date and Time] has been canceled.

We apologize for any inconvenience this may cause. Please contact our office at [Phone Number] or [Email Address] to reschedule your appointment or if you have any questions.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Address]

[Phone Number]

[Email Address]