

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Clinic Name]

[Clinic Address]

[City, State, Zip Code]

Dear [Audiologist's Name],

I hope this message finds you well. I am writing to request a rescheduling of my upcoming hearing aid fitting appointment originally scheduled for [original date and time]. Due to [reason for rescheduling], I am unable to attend at that time.

I would appreciate it if you could provide me with alternative dates and times for the fitting. I am available on [provide two or three alternative dates and times].

Thank you for your understanding and assistance in this matter. I look forward to hearing from you soon.

Sincerely,

[Your Name]