

Cancellation of Liver Function Test Appointment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Clinic/Hospital Name]

[Clinic/Hospital Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to inform you that I need to cancel my appointment for the liver function test scheduled on [Insert Appointment Date] at [Insert Time].

Unfortunately, due to [brief reason for cancellation], I am unable to attend this appointment.

I apologize for any inconvenience this may cause and would like to reschedule my appointment for a later date.

Thank you for your understanding.

Sincerely,

[Your Name]