

# **Cancellation Notice for Follow-up Health Check Appointment**

Date: [Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To: [Healthcare Provider's Name]

[Healthcare Provider's Office]

[Office Address]

[City, State, Zip Code]

Dear [Healthcare Provider's Name],

I am writing to inform you that I need to cancel my upcoming follow-up health check appointment scheduled for [Date and Time]. Due to [reason for cancellation], I will not be able to attend.

I apologize for any inconvenience this may cause and would appreciate the opportunity to reschedule my appointment at a later date. Please let me know available times.

Thank you for your understanding.

Sincerely,

[Your Name]