

Cancellation of Yearly Health Appointment

Dear [Healthcare Provider's Name],

I am writing to formally cancel my yearly health appointment scheduled for [date and time] at [location]. Due to [reason for cancellation], I will not be able to attend.

Please confirm the cancellation at your earliest convenience. I appreciate your understanding and look forward to rescheduling my appointment in the future.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]