

Notice of Last-Minute Changes in Maternity Care

Date: [Insert Date]

Dear [Patient's Name],

We hope this message finds you well. We are writing to inform you of some important last-minute changes to your maternity care schedule.

Changes to Your Appointment:

- **Original Date and Time:** [Insert Original Date and Time]
- **New Date and Time:** [Insert New Date and Time]
- **Location:** [Insert New Location if applicable]

Additional Information:

[Include any relevant instructions or information regarding the changes]

Contact Us:

If you have any questions or concerns, please do not hesitate to reach out to us at [Insert Contact Information].

Thank you for your understanding and flexibility during this time. We look forward to supporting you through your maternity journey.

Sincerely,

[Your Name]

[Your Position]

[Your Organization]