

Cancellation of Medical Consultation

Date: [Insert Date]

To: [Doctor's Name]

[Doctor's Office/Clinic Name]

[Doctor's Office/Clinic Address]

[City, State, Zip Code]

Dear [Doctor's Name],

I am writing to inform you that I need to cancel my upcoming medical consultation scheduled for [insert date and time] due to [brief reason for cancellation].

I apologize for any inconvenience this may cause and appreciate your understanding. Please let me know if I need to reschedule this appointment or if there are any other necessary steps I should take.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]