

Appointment Cancellation Notice

Date: [Insert Date]

Dear [Patient's Name],

We regret to inform you that your scheduled telehealth appointment on [Insert Date and Time] has been cancelled due to [reason for cancellation].

We apologize for any inconvenience this may cause and encourage you to reschedule your appointment at your earliest convenience.

Please contact our office at [Insert Phone Number] or visit our website at [Insert Website URL] to choose a new date and time.

Thank you for your understanding.

Sincerely,
[Your Name]
[Your Title]
[Your Practice Name]