

Vaccination Appointment Cancellation

Date: [Insert Date]

To: [Health Clinic/Provider Name]

Address: [Health Clinic/Provider Address]

Dear [Provider's Name or Health Clinic],

I am writing to inform you that I must cancel my upcoming vaccination appointment scheduled for [Insert Date and Time].

Due to [brief reason for cancellation, e.g., unforeseen circumstances, illness], I am unable to attend. I apologize for any inconvenience this may cause and appreciate your understanding.

Please let me know if I can reschedule my appointment for a later date. I look forward to receiving the vaccination at a future time.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Contact Information]