

# Appointment Rescheduling Notice

Dear [Patient's Name],

We hope this message finds you well. We are writing to inform you that your upcoming diagnostic imaging appointment originally scheduled for [Original Date] at [Original Time] needs to be rescheduled due to [Reason for Rescheduling].

We apologize for any inconvenience this may cause and appreciate your understanding. Please contact our office at [Office Phone Number] to select a new date and time that works for you.

Thank you for your attention to this matter. We look forward to seeing you soon.

Sincerely,

[Your Name]

[Your Title]

[Clinic or Hospital Name]

[Contact Information]