

Cancellation of Gastrointestinal Health Appointment

Date: [Insert Date]

To: [Healthcare Provider's Name]

[Healthcare Provider's Address]

Dear [Healthcare Provider's Name],

I am writing to inform you that I need to cancel my upcoming appointment scheduled for [Insert Date and Time] regarding gastrointestinal health.

Unfortunately, due to [brief reason for cancellation, e.g., unexpected personal circumstances], I will not be able to attend the appointment. I apologize for any inconvenience this may cause.

Please let me know if it is possible to reschedule my appointment for a later date. I appreciate your understanding in this matter.

Thank you for your attention.

Sincerely,

[Your Name]

[Your Contact Information]