

Cancellation of Cardiovascular Appointment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email]

[Your Phone Number]

[Doctor's Name]

[Clinic/Hospital Name]

[Clinic/Hospital Address]

[City, State, ZIP Code]

Dear [Doctor's Name],

I am writing to formally cancel my upcoming cardiovascular appointment scheduled for [Insert Date and Time]. Due to [reason for cancellation, if you wish to include], I am unable to attend.

I apologize for any inconvenience this may cause and would like to reschedule my appointment if possible. Please let me know the available dates and times.

Thank you for your understanding.

Sincerely,

[Your Name]