

Cancellation Notice

Date: [Insert Date]

To: [Specialist's Name]

Clinic Name: [Clinic Name]

Address: [Clinic Address]

Dear [Specialist's Name],

I am writing to inform you that I need to cancel my upcoming appointment scheduled for [Insert Appointment Date and Time]. Unfortunately, [brief reason if you wish to include].

I apologize for any inconvenience this may cause and hope to reschedule my appointment at a later date. Please let me know your available dates and times for rescheduling.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Contact Information]