

Healthcare Appointment Cancellation Notice

Dear [Patient's Name],

We hope this message finds you well. This letter serves to inform you of our procedure for cancelling your healthcare appointment scheduled on [Date] at [Time].

Cancellation Procedure:

1. If you need to cancel your appointment, please contact our office at [Office Phone Number].
2. You may also cancel your appointment through our online patient portal [Link to Portal].
3. We kindly ask for at least [24/48] hours notice to reschedule your appointment without incurring a cancellation fee.
4. If you miss your appointment without prior cancellation, a fee of [Fee Amount] may be applied.

If you have any questions or require assistance, please do not hesitate to reach out to us.

Sincerely,

[Your Name]

[Your Title]

[Healthcare Facility Name]

[Contact Information]