

# Cancellation Acknowledgment

Date: [Insert Date]

Dear [Patient's Name],

We have received your request to cancel your healthcare service with us. This letter serves as an acknowledgment of your cancellation request.

Cancellation Details:

- Service: [Insert Service Name]
- Cancellation Date: [Insert Cancellation Date]
- Patient ID: [Insert Patient ID]

If you have any further questions or require assistance, please do not hesitate to contact our office at [Insert Contact Information]. Thank you for allowing us to serve your healthcare needs.

Sincerely,

[Your Name]

[Your Title]

[Healthcare Facility Name]

[Healthcare Facility Address]

[Healthcare Facility Phone Number]