

Healthcare Service Cancellation Instructions

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Address: [Insert Patient Address]

Dear [Patient Name],

We regret to inform you that your healthcare service has been canceled as per your request received on [Insert Request Date]. Below are the instructions to finalize this cancellation:

Cancellation Instructions:

1. Confirm your identity by providing the following information:
 - Patient ID
 - Date of Birth
2. Return any borrowed medical equipment to the following address:

[Insert Equipment Return Address]

3. Ensure to review and settle any outstanding balances by [Insert Deadline Date].
4. Contact our office at [Insert Phone Number] or [Insert Email Address] for any further assistance.

Thank you for allowing us to serve you. We wish you all the best in your future healthcare endeavors.

Sincerely,

[Insert Your Name]

[Insert Your Title]

[Insert Healthcare Provider Name]

[Insert Contact Information]