

Healthcare Appointment Cancellation

Dear [Patient's Name],

We hope this message finds you well. We are writing to inform you about our cancellation policy for healthcare visits.

Cancellation Requirements

- Please provide at least 24 hours notice for any cancellations or rescheduling.
- Cancellations can be made via phone at [Phone Number] or through our online portal.
- Failure to provide sufficient notice may result in a cancellation fee of [Amount].
- For repeat cancellations, we may request a confirmation of your future appointments.

If you have any questions regarding this policy or need assistance, please do not hesitate to contact our office.

Thank you for your understanding.

Sincerely,
[Your Name]
[Your Title]
[Healthcare Facility Name]
[Contact Information]