

Appointment Cancellation Notice

Dear [Patient's Name],

We regret to inform you that your dental appointment scheduled for [Date] at [Time] has been cancelled due to [Reason for Cancellation].

We apologize for any inconvenience this may cause and encourage you to reschedule your appointment at your earliest convenience.

Please contact our office at [Phone Number] to arrange a new appointment time.

Thank you for your understanding.

Sincerely,

[Your Dental Office Name]

[Contact Information]