

# Cancellation Notice

Date: [Insert Date]

To: [Patient's Name]

Address: [Patient's Address]

Dear [Patient's Name],

We regret to inform you that your scheduled visual health assessment on [Insert Date] has been cancelled due to [reason for cancellation].

We understand that this may cause inconvenience, and we apologize for any disruption this may bring to your plans. If you would like to reschedule your appointment or have any questions, please do not hesitate to contact us at [Insert Contact Information].

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Job Title]

[Your Organization]