

Session Cancellation Notice

Date: [Insert Date]

Dear [Patient's Name],

We regret to inform you that your scheduled chronic pain management session on [Insert Date and Time] has been cancelled due to [reason for cancellation].

We understand that this may be inconvenient for you, and we apologize for any disruption this may cause to your treatment plan.

To reschedule your appointment, please contact our office at [Insert Phone Number] or [Insert Email Address]. We will do our best to accommodate your preferred date and time.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Title]

[Clinic Name]

[Clinic Contact Information]