

Appointment 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 prenatal care appointment on [Original Appointment Date and Time] has been canceled due to [reason for cancellation].

We appreciate your understanding and would like to reschedule your appointment at your earliest convenience. Please contact our office at [Office Phone Number] or [Email Address] to find a suitable time.

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Title]

[Clinic/Hospital Name]

[Contact Information]