

# Orthopedic Service Schedule Change Notification

Date: [Insert Date]

Dear [Patient's Name],

We hope this message finds you well. We would like to inform you of a change in our orthopedic service schedule.

Your upcoming appointment originally scheduled for [Original Date and Time] has been rescheduled to [New Date and Time]. We apologize for any inconvenience this may cause and appreciate your understanding.

If you have any questions or require further assistance, please do not hesitate to contact our office at [Office Phone Number] or [Email Address].

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Title]

[Orthopedic Clinic Name]

[Clinic Address]