

[Your Name]  
[Your Phone Number]  
[Your Email]

[Date]

[Therapist's Name]  
[Clinic/Practice Name]  
[Clinic Address]

Dear [Therapist's Name],

Please accept this letter as formal notification that I will be unable to attend our scheduled therapy session on [Date] at [Time].

I am missing this session due to [Reason: illness / family emergency / work conflict / etc.]. I apologize for any inconvenience this late notice may cause.

I would like to reschedule our appointment. Please let me know your availability for the coming week, or I will contact the office to book a new time. I am also aware of your cancellation policy regarding [fees/notice periods] and will settle any necessary charges.

Thank you for your understanding.

Sincerely,

[Your Signature]

[Your Printed Name]