

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

[Date]

[Doctor's Name or Clinic Name]
[Clinic Address]
[City, State, Zip Code]

Subject: Cancellation of Appointment - [Your Full Name]

Dear [Clinic Name/Doctor's Name],

I am writing to formally cancel my upcoming medical appointment scheduled for [Date] at [Time] with [Doctor's Name].

Unfortunately, I am unable to attend this appointment due to [optional: brief reason, e.g., personal reasons / a scheduling conflict].

I would like to:

[Choose one:]

- Reschedule this appointment for a later date. Please contact me to find a new time.
- Cancel the appointment entirely and will call back at a later date if needed.

Please let me know if there are any cancellation fees associated with this notice or if you require any further information.

Thank you for your understanding.

Sincerely,

[Your Signature]
[Your Printed Name]
[Date of Birth]