[Your Name]
[Your Address]
[Your Phone Number]
[Your Date of Birth]

[Date]

[Doctor's Name or Facility Name]
[Department Name]
[Facility Address]

Subject: Rescheduling Request for Colonoscopy Appointment

Dear [Recipient Name or Scheduling Department],

I am writing to formally request a reschedule for my upcoming colonoscopy appointment, which is currently scheduled for [Original Date] at [Original Time].

Due to [unforeseen circumstances / a scheduling conflict / illness], I will be unable to attend the appointment as planned. I would like to move this procedure to a new date.

I am generally available on the following days and times:

- [Option 1: Date and Time]
- [Option 2: Date and Time]
- [Option 3: Date and Time]

Please let me know if any of these slots are available, or suggest the next earliest opening in your schedule. I understand the importance of this screening and wish to complete it as soon as possible.

Thank you for your assistance and understanding.

Sincerely,

[Your Signature]
[Your Printed Name]