

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Doctor's Name]
[Medical Office/Clinic Name]
[Office Address]
[City, State, Zip Code]

Dear [Doctor's Name or Medical Office Staff],
I hope this message finds you well. I am writing to request a rescheduling of my upcoming medical appointment originally scheduled for [original appointment date and time]. Due to [brief reason for rescheduling, e.g., a scheduling conflict, personal reasons], I am unable to attend at that time.

I would greatly appreciate it if we could find a new date and time for my appointment. I am available on [provide two or three alternative dates and times], but I am flexible and can accommodate other options that you may have.

Thank you for your understanding and assistance. I look forward to hearing from you soon.

Sincerely,
[Your Name]