

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

Dear [Doctor's Name or Office Staff],

I am writing to formally cancel my upcoming appointment scheduled for  
[Date and Time] due to [reason for cancellation, if desired].

Please let me know if I need to take any further steps or if there are  
charges associated with this cancellation.

Thank you for your understanding. I hope to reschedule my appointment at  
a later date.

Sincerely,  
[Your Name]