

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]

Kaiser Permanente

[Office or Clinic Address]
[City, State, ZIP Code]

Dear Kaiser Permanente Staff,

I am writing to formally cancel my appointment scheduled for [Date and Time] with [Provider's Name or Department]. Unfortunately, due to [brief reason for cancellation, e.g., personal reasons, scheduling conflict], I will not be able to attend.

I apologize for any inconvenience this may cause and appreciate your understanding. Please confirm the cancellation at your earliest convenience. I look forward to rescheduling my appointment in the future. Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Member ID, if applicable]