

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

[Therapist's Name]
[Clinic/Facility Name]
[Clinic Address]
[City, State, Zip Code]

Dear [Therapist's Name],

I hope this message finds you well. I am writing to request a rescheduling of my upcoming occupational therapy appointment originally set for [original date and time].

Due to [brief reason, e.g., a scheduling conflict, personal obligations], I am unable to attend at that time. I would greatly appreciate the opportunity to reschedule my appointment to a more convenient date.

Please let me know your available times, and I will do my best to accommodate. Thank you for your understanding and flexibility.

Best regards,

[Your Name]
[Your Contact Information]