

[Your Name]  
[Your Address]  
[City, State, ZIP Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient Name]  
[Clinic/Hospital Name]  
[Clinic/Hospital Address]  
[City, State, ZIP Code]

Dear [Recipient Name],

I am writing to inform you that I need to cancel my ultrasound appointment scheduled for [Date and Time] due to [brief reason, e.g., unforeseen circumstances].

I apologize for any inconvenience this may cause and appreciate your understanding. Please let me know if I need to provide any further information or if there are steps I need to take to reschedule my appointment.

Thank you for your attention to this matter.

Sincerely,

[Your Name]  
[Your Contact Information]