Formal Appointment Cancellation

Subject: Cancellation of Appointment on [Date]

Dear [Dental Office],

I am writing to formally cancel my dental appointment scheduled for [date] at [time] with Dr. [Name]. I understand this provides [amount of notice] notice, and I apologize if this falls short of your preferred cancellation timeframe.

The reason for this cancellation is [brief explanation: illness, family emergency, scheduling conflict, etc.]. This decision was not made lightly, and I recognize the impact that cancellations can have on your practice schedule.

[If applicable: I will need to reschedule this appointment and will contact your office in [timeframe] to arrange a new date that works for both parties.]

[If not rescheduling: At this time, I do not need to reschedule, but I will contact your office when I am ready to resume my dental care.]

Please confirm receipt of this cancellation notice. I can be reached at [contact information] if you need any additional information.

Thank you for your understanding.

Sincerely,

[Your Name]

[Appointment confirmation number if available]