

Medical Appointment Confirmation

Dear [Patient's Name],

We are pleased to confirm your telehealth appointment. Below are the details:

- **Date:** [Appointment Date]
- **Time:** [Appointment Time] (Time Zone)
- **Provider:** [Provider's Name]
- **Location:** Telehealth Session (link will be provided)

Please ensure that you have a stable internet connection and a device with video capabilities for your session.

If you have any questions or need to reschedule, feel free to reach out to us at [Contact Information].

Thank you for choosing our services!

Sincerely,
[Your Practice Name]
[Your Practice Contact Information]