

Urgent Care Appointment Confirmation

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Appointment Time: [Insert Time]

Location: [Insert Urgent Care Facility Name]

Address: [Insert Address]

Important Information:

- Please arrive 15 minutes early for registration.
- Bring any pertinent medical records and insurance information.
- If you are unable to attend, please notify us as soon as possible.

For any questions or changes, please contact us at [Insert Contact Number].

Thank you for choosing our urgent care services.

Sincerely,

[Your Name]

[Your Title]

[Urgent Care Facility Name]