

Appointment Confirmation

Dear [Patient's Name],

We are pleased to confirm your vaccination appointment.

Date: [Appointment Date]

Time: [Appointment Time]

Location: [Facility Name & Address]

Please bring your identification and any relevant medical records. If you have any questions or need to reschedule, feel free to contact us at [Contact Information].

Thank you,

[Your Clinic Name]

[Your Clinic Contact Information]