

Travel Health Assessment Confirmation

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

We are pleased to confirm your travel health assessment appointment. Below are the details:

Appointment Date: [Insert Appointment Date]

Appointment Time: [Insert Appointment Time]

Location: [Insert Clinic/Facility Name]

Address: [Insert Address]

Please bring the following items to your appointment:

- Valid identification
- Any relevant medical records
- List of current medications

If you have any questions or need to reschedule, please do not hesitate to contact us at [Insert Contact Information].

Thank you for choosing our services. We look forward to assisting you with your travel health needs.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Contact Information]