

Confirmation of Medical Peer Consultation

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Title]

[Recipient's Institution]

[Recipient's Address]

Dear [Recipient's Name],

We are pleased to confirm your participation in the upcoming medical peer consultation scheduled for [Date of Consultation] at [Time]. The consultation will be held at [Location/Platform].

The primary focus of this consultation will be [brief description of the case or topic]. Your expertise in [specific area] will be invaluable to ensure we achieve the best outcomes for our patient.

Please find attached any relevant documents for your review prior to the meeting. If you have any questions or require further information, do not hesitate to reach out.

Thank you for your commitment to improving patient care through collaboration.

Sincerely,

[Your Name]

[Your Title]

[Your Institution]

[Your Contact Information]