

# Medical Assessment Scheduling Notification

Dear [Patient's Name],

We are writing to inform you that your medical assessment has been scheduled. Please find the details below:

- **Date:** [Insert Date]
- **Time:** [Insert Time]
- **Location:** [Insert Location]
- **Doctor:** [Insert Doctor's Name]

Please arrive 15 minutes early to complete any necessary paperwork. If you have any questions or need to reschedule, feel free to contact our office at [Insert Contact Number].

Thank you, and we look forward to seeing you soon.

Sincerely,

[Your Clinic/Office Name]

[Your Clinic/Office Address]

[Your Clinic/Office Phone Number]