

Patient Evaluation Session Confirmation

Dear [Patient's Name],

We are pleased to confirm your evaluation session scheduled for:

Date: [Date]

Time: [Time]

Location: [Clinic Name and Address]

Please arrive 15 minutes early to complete any necessary paperwork. If you have any questions or need to reschedule, feel free to contact us at [Phone Number] or [Email Address].

Thank you for choosing our clinic, and we look forward to seeing you.

Sincerely,

[Your Name]

[Your Title]

[Clinic Name]