

Patient Counseling Session Confirmation

Dear [Patient's Name],

We are pleased to confirm your counseling session with [Counselor's Name] on [Date] at [Time].
The session will take place at [Location].

Please arrive at least 10 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].

We look forward to seeing you soon.

Best regards,
[Your Clinic/Facility Name]
[Your Contact Information]