

Appointment Confirmation

Dear [Patient Name],

Thank you for choosing [Clinic/Hospital Name] for your bariatric surgery consultation. We are pleased to inform you that your appointment has been scheduled as follows:

Date: [Appointment Date]

Time: [Appointment Time]

Location: [Clinic/Hospital Address]

Please arrive at least 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].

We look forward to assisting you on your journey to better health.

Best regards,

[Your Name]

[Your Title]

[Clinic/Hospital Name]

[Clinic/Hospital Phone Number]

[Clinic/Hospital Website]