

# Appointment Confirmation

Dear [Guardian's Name],

We are pleased to confirm your appointment for your child, [Child's Name], with Dr. [Doctor's Name] on [Date] at [Time].

Location: [Clinic Name]

Address: [Clinic Address]

Please bring your insurance information and any relevant medical records.

If you need to reschedule or have any questions, feel free to contact us at [Clinic Phone Number].

Thank you, and we look forward to seeing you!

Sincerely,

[Clinic Name]

[Clinic Contact Information]