

Ear Assessment Appointment Confirmation

Dear [Patient's Name],

We are pleased to inform you that your ear assessment has been scheduled. Please find the details of your appointment below:

Date: [Appointment Date]

Time: [Appointment Time]

Location: [Clinic or Hospital Name]

Address: [Clinic 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 for your ear assessment.

Best regards,

[Your Name]

[Your Title]

[Clinic or Hospital Name]