

Appointment Notification

Dear [Patient's Name],

This is to inform you that your respiratory therapy appointment has been scheduled as follows:

- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Location:** [Clinic/Hospital Name and Address]

Please arrive at least 15 minutes early and bring any necessary documents such as your insurance card and a list of medications.

If you have any questions or need to reschedule, feel free to contact us at [Contact Information].

Thank you,

[Your Name]

[Your Title]

[Clinic/Hospital Name]