

Appointment Confirmation

Dear [Patient's Name],

We are pleased to confirm your orthodontic treatment appointment as follows:

Date: [Appointment Date]

Time: [Appointment Time]

Location: [Clinic Name and Address]

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 [Contact Number].

Thank you for choosing [Clinic Name] for your orthodontic needs!

Sincerely,
[Your Name]
[Your Title]
[Clinic Name]