

Genetic Testing Counseling Appointment Confirmation

Dear [Patient's Name],

We are pleased to confirm your appointment for genetic testing counseling. Below are the details:

- **Date:** [Date]
- **Time:** [Time]
- **Location:** [Clinic/Office Name and Address]
- **Counselor:** [Counselor's Name]

Please bring any relevant medical records or family history information with you to the appointment.

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

Thank you, and we look forward to seeing you soon.

Sincerely,

[Your Name]

[Your Title]

[Clinic/Organization Name]