

Eye Exam Appointment Confirmation

Dear [Patient's Name],

We are writing to confirm your eye exam appointment scheduled for:

Date: [Appointment Date]

Time: [Appointment Time]

Location: [Clinic Name & Address]

Please arrive 15 minutes early to complete any necessary paperwork. If you have any questions, feel free to contact us at [Clinic Phone Number] or [Clinic Email].

Thank you for choosing [Clinic Name]. We look forward to seeing you!

Sincerely,

[Your Name]

[Your Title]

[Clinic Name]

[Clinic Contact Information]