

Orthopedic Examination Appointment Confirmation

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Dear [Patient Name],

We are pleased to confirm your appointment for an orthopedic examination.

Appointment Details:

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

Please arrive at least 15 minutes early to complete any necessary paperwork. If you have any previous medical records or imaging related to your orthopedic condition, please bring them with you.

If you need to reschedule or have any questions, feel free to contact our office at [Insert Phone Number].

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

Sincerely,

[Insert Doctor's Name]

[Insert Clinic/Hospital Name]

[Insert Contact Information]