

Dermatology Appointment Confirmation

Dear [Parent/Guardian's Name],

We are pleased to confirm your child's dermatology appointment:

- **Patient Name:** [Child's Name]
- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Location:** [Clinic/Hospital Name and Address]

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

We look forward to seeing you!

Sincerely,

[Your Name]

[Your Title]

[Clinic/Hospital Name]