

Dermatology Appointment Confirmation

Dear [Patient's Name],

We are pleased to confirm your appointment for skin allergy testing at our dermatology clinic.

Appointment Details:

- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Location:** [Clinic Address]
- **Physician:** [Doctor's Name]

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 [Clinic Phone Number] or [Clinic Email].

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

Best regards,

[Your Clinic's Name]

[Clinic Contact Information]