

Appointment Confirmation

Date: [Insert Date]

Dear [Patient's Name],

We are writing to confirm your appointment for a gastrointestinal test.

Appointment Details:

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

Please arrive at least 15 minutes early to complete the necessary paperwork. If you have any questions or need to reschedule, feel free to contact us at [Insert Contact Number].

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

Sincerely,

[Your Name]

[Your Position]

[Clinic/Hospital Name]

[Contact Information]