

Confirmation of Cancer Screening Program

Dear [Recipient's Name],

We are pleased to confirm your participation in our Cancer Screening Program.

Appointment Details:

- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Location:** [Facility Name and Address]

Please arrive 15 minutes early and bring any necessary medical records. If you have any questions or need to reschedule, feel free to contact us at [Contact Information].

Thank you for taking this important step towards better health.

Sincerely,

[Your Organization Name]

[Your Organization Contact Information]