

Cancer Screening Program Appointment Confirmation

Dear [Patient's Name],

Thank you for participating in our Cancer Screening Program. We have successfully scheduled your screening appointment.

Appointment Details:

- **Date:** [Date]
- **Time:** [Time]
- **Location:** [Facility 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].

Thank you for taking this important step in your health care.

Best regards,

[Your Name]

[Your Title]

[Organization Name]

[Organization Contact Information]