

Appointment Confirmation

Date: [Insert Date]

Dear [Patient's Name],

We are pleased to confirm your scheduled vision therapy appointment.

Appointment Details:

- Date: [Insert Date]
- Time: [Insert Time]
- Location: [Insert Clinic/Office Name]
- Duration: [Insert Duration]
- Therapist: [Insert Therapist's Name]

Please arrive 10 minutes early to complete any necessary paperwork. If you have any questions or need to reschedule, feel free to contact us at [Insert Phone Number].

Thank you, and we look forward to seeing you!

Sincerely,

[Your Name]

[Your Title]

[Clinic/Office Name]

[Contact Information]