

# Appointment Confirmation

Dear [Patient's Name],

We are pleased to confirm your appointment with Dr. [ENT Specialist's Name] on [Date] at [Time].

Location:

*[Clinic/Hospital Name]*

*[Address Line 1]*

*[City, State, ZIP Code]*

Please arrive 15 minutes early for your appointment. If you have any questions or need to reschedule, feel free to contact us at [Phone Number] or [Email Address].

Thank you, and we look forward to seeing you!

Sincerely,

[Your Name]

[Your Title]

[Clinic/Hospital Name]