

Hearing Screening Appointment Confirmation

Dear [Patient's Name],

We are pleased to confirm your hearing screening appointment.

Date: [Appointment Date]

Time: [Appointment Time]

Location: [Clinic/Facility Name]

Address: [Clinic Address]

Please arrive 15 minutes early to complete any necessary paperwork.

If you have any questions or need to reschedule, please contact us at [Phone Number] or [Email Address].

Thank you, and we look forward to seeing you soon!

Sincerely,

[Your Name]

[Your Position]

[Clinic/Facility Name]

[Contact Information]