

# Respiratory Therapy Follow-Up Appointment Confirmation

Dear [Patient's Name],

We are writing to confirm your follow-up appointment for respiratory therapy. Below are the details of your appointment:

**Date:** [Appointment Date]

**Time:** [Appointment Time]

**Location:** [Clinic/Hospital Name, Address]

Please arrive at least 15 minutes early to allow time for check-in. If you have any questions or need to reschedule, feel free to contact our office at [Phone Number] or [Email Address].

We look forward to seeing you!

Sincerely,

[Your Name]

[Your Title]

[Clinic/Hospital Name]