

Request for Appointment Confirmation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

To: [Recipient's Name]

[Recipient's Title]

[Healthcare Facility/Clinic Name]

[Facility Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to request confirmation of my upcoming appointment for epilepsy monitoring scheduled for [insert date and time].

Please let me know if the appointment is confirmed or if there are any changes I should be aware of.

Thank you for your assistance.

Sincerely,

[Your Name]