

Vascular Assessment Scheduling Confirmation

Date: [Insert Date]

Dear [Patient's Name],

We are pleased to confirm your scheduled vascular assessment appointment.

Appointment Details:

- **Date:** [Insert Appointment Date]
- **Time:** [Insert Appointment Time]
- **Location:** [Insert Clinic/Hospital Name and Address]

Please arrive 15 minutes early to complete any necessary paperwork. If you have any questions or need to reschedule, feel free to contact our office at [Insert Phone Number].

Thank you, and we look forward to seeing you.

Sincerely,

[Your Name]

[Your Title]

[Clinic/Hospital Name]