

# Appointment Confirmation for Podiatry Evaluation

Dear [Patient's Name],

We are pleased to confirm your appointment for a podiatry evaluation.

**Date:** [Insert Date]

**Time:** [Insert Time]

**Location:** [Insert Clinic Name and Address]

Please arrive 15 minutes early to complete any necessary paperwork. If you have any medical records related to your foot condition, bring them with you.

If you need to reschedule or have any questions, feel free to contact our office at [Insert Phone Number].

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

Sincerely,

[Your Name]

[Your Title]

[Your Clinic Name]

[Clinic Contact Information]