

# Appointment Confirmation for Hearing Test

Dear [Patient's Name],

We are pleased to confirm your appointment for a hearing test.

**Date:** [Appointment Date]

**Time:** [Appointment Time]

**Location:** [Clinic/Office Address]

Please arrive at least 15 minutes early to complete any necessary paperwork. If you have any questions or need to reschedule, feel free to contact us at [Phone Number] or [Email Address].

Thank you for choosing us for your hearing health needs. We look forward to seeing you soon.

Sincerely,

[Your Name]

[Your Job Title]

[Clinic Name]