

Contraception Consultation Attendance Notification

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

Dear [Recipient's Name],

We are writing to confirm your appointment for a contraception consultation scheduled for [Insert Date and Time]. Our clinic is located at [Insert Clinic 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 [Insert Phone Number] or [Insert Email Address].

We look forward to seeing you.

Sincerely,

[Your Name]

[Your Position]

[Clinic/Organization Name]

[Clinic/Organization Contact Information]