

Appointment Confirmation for Contraception Consultation

Date: [Insert Date]

Dear [Patient's Name],

We are writing to confirm your appointment for a contraception consultation.

Date: [Insert Appointment Date]

Time: [Insert Appointment Time]

Location: [Insert Clinic Address]

During this appointment, we will discuss various contraception options available to you, address any questions or concerns, and help you choose the best method suited for your needs.

Please bring your identification and any relevant medical records.

If you need to reschedule or require further information, do not hesitate to contact us at [Insert Contact Information].

We look forward to seeing you.

Sincerely,
[Your Name]
[Your Title]
[Clinic Name]