

# Prostate Screening Appointment Confirmation

Dear [Patient's Name],

We are pleased to confirm your appointment for prostate screening.

**Date:** [Date]

**Time:** [Time]

**Location:** [Clinic/Hospital Name, Address]

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

Thank you,

[Your Name]

[Your Title]

[Clinic/Hospital Name]