

# Appointment Confirmation

Dear [Patient's Name],

We are pleased to confirm your vision correction appointment.

**Date:** [Appointment Date]

**Time:** [Appointment Time]

**Location:** [Clinic Name & Address]

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

We look forward to seeing you!

Sincerely,

[Doctor's Name]

[Clinic Name]

[Clinic Contact Information]