

# Kidney Health Assessment Confirmation

Date: [Date]

Patient Name: [Patient Name]

Address: [Patient Address]

Contact Number: [Patient Contact Number]

Dear [Patient Name],

This letter is to confirm your upcoming kidney health assessment appointment.

## **Appointment Details:**

- Date: [Appointment Date]
- Time: [Appointment Time]
- Location: [Clinic/Hospital Name and Address]

Please arrive at least 15 minutes early and bring any relevant medical records or medications.

If you have any questions or need to reschedule, feel free to contact us at [Clinic Phone Number].

Thank you, and we look forward to seeing you.

Sincerely,

[Your Name]

[Your Title]

[Clinic/Hospital Name]