

Confirmation of Memory Care Assessment Scheduling

Dear [Recipient's Name],

We are pleased to confirm your appointment for a memory care assessment. Below are the details of your scheduled appointment:

- **Date:** [Insert Date]
- **Time:** [Insert Time]
- **Location:** [Insert Address]
- **Assessor:** [Insert Assessor's Name]

During this assessment, we will evaluate the necessary support and care options tailored to your needs. Please feel free to bring any relevant documents or questions you may have.

If you need to reschedule or have any inquiries, do not hesitate to contact us at [Insert Phone Number] or [Insert Email Address].

Thank you for choosing our services. We look forward to meeting you.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]