

Confirmation of Upcoming Neurological Health Check

Date: [Insert Date]

Dear [Patient's Name],

We are writing to confirm your upcoming neurological health check appointment scheduled for:

Date: [Insert Appointment Date]

Time: [Insert Appointment Time]

Location: [Insert Address/Clinic Name]

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

We look forward to seeing you.

Sincerely,

[Your Name]

[Your Title]

[Clinic/Organization Name]

[Contact Information]