

# Confirmation Letter

Date: \_\_\_\_\_

To: [Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

We are pleased to confirm your selection of Dr. [Physician's Name] as your new primary care physician. Dr. [Physician's Last Name] is dedicated to providing high-quality health care and looks forward to working with you on your health and wellness journey.

Your first appointment is scheduled for [Date] at [Time]. The office is located at [Office Address]. Please arrive 15 minutes early to complete the necessary paperwork.

If you have any questions or need to reschedule, don't hesitate to contact our office at [Office Phone Number].

We look forward to seeing you soon!

Sincerely,

[Your Name]

[Your Title]

[Healthcare Facility Name]

[Facility Phone Number]