

# Home Visit Scheduling Confirmation

Dear [Patient's Name],

We are pleased to confirm your home visit appointment with [Healthcare Provider's Name] on [Date] at [Time].

If you have any questions or need to reschedule, please contact our office at [Office Phone Number] or [Email Address].

Thank you for choosing [Healthcare Provider's Company Name]. We look forward to serving you!

Sincerely,

[Your Name]

[Your Position]

[Healthcare Provider's Company Name]

[Office Phone Number]

[Email Address]