

# Notice of Eye Care Consultation

Date: [Insert Date]

To: [Patient's Name]

[Patient's Address]

Dear [Patient's Name],

We would like to inform you that your eye care consultation has been scheduled for:

**Date:** [Consultation Date]

**Time:** [Consultation Time]

**Location:** [Clinic/Hospital Name]

[Clinic/Hospital Address]

Please arrive 15 minutes early to complete any necessary paperwork. Bring your insurance information and a list of any medications you are currently taking.

If you need to reschedule or have any questions, please contact us at [Contact Number] or [Email Address].

Thank you, and we look forward to seeing you.

Sincerely,

[Your Name]

[Your Title]

[Clinic/Hospital Name]