

Routine Eye Care Visit Confirmation

Dear [Patient Name],

We hope this message finds you well. This letter is to confirm your upcoming routine eye care visit scheduled for:

Date: [Date]

Time: [Time]

Location: [Clinic Name & Address]

Please arrive 15 minutes early to complete any necessary paperwork. If you have any medical records or glasses you currently use, please bring them along.

If you need to reschedule your appointment, do not hesitate to contact us at [Phone Number] or [Email Address].

Thank you for choosing us for your eye care needs. We look forward to seeing you!

Sincerely,
[Your Name]
[Your Title]
[Clinic Name]