

Appointment Confirmation

Dear [Patient's Name],

This is to confirm your follow-up treatment appointment with Dr. [Doctor's Name] on [Date] at [Time].

Location: [Clinic/Hospital Name], [Address]

Please arrive 15 minutes early to complete any necessary paperwork. If you need to reschedule, contact us at [Phone Number].

We look forward to seeing you!

Sincerely,

[Your Name]

[Your Position]

[Clinic/Hospital Name]