

Appointment Confirmation

Dear [Patient Name],

We are pleased to confirm your appointment for an oral surgery consultation.

Date: [Appointment Date]

Time: [Appointment Time]

Location: [Dental Office Name & Address]

Please arrive 15 minutes early to complete any necessary paperwork. If you have any questions or need to reschedule, feel free to contact us at [Phone Number] or [Email Address].

Thank you, and we look forward to seeing you.

Sincerely,

[Your Name]

[Your Title]

[Dental Office Name]