

Appointment Confirmation for Emergency Dental Care

Dear [Patient's Name],

We are writing to confirm your emergency dental appointment.

Appointment Details:

- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Location:** [Dental Office Address]
- **Provider:** [Dentist's Name]

Please bring any medical records and insurance information with you. If you have any questions or need to reschedule, do not hesitate to contact us at [Dental Office Phone Number] or [Dental Office Email].

Thank you for choosing [Dental Practice Name]. We look forward to seeing you soon.

Sincerely,

[Your Name]

[Your Position]

[Dental Practice Name]