

# Appointment Confirmation

Dear [Patient's Name],

We are pleased to confirm your appointment for an orthodontic consultation.

**Date:** [Appointment Date]

**Time:** [Appointment Time]

**Location:** [Dental Office Name and Address]

Please arrive 10 minutes early and bring any relevant medical records or insurance information. If you need to reschedule, feel free to contact us at [Phone Number] or [Email Address].

Thank you, and we look forward to seeing you soon!

Sincerely,

[Your Name]

[Your Title]

[Dental Office Name]