

Acceptance Letter

Date: [Insert Date]

To: [Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

We are pleased to inform you that your request for an urgent care check-up has been accepted. Your health is our priority, and we are committed to providing you with the best possible care.

Please see the details of your appointment below:

- **Date:** [Insert Appointment Date]
- **Time:** [Insert Appointment Time]
- **Location:** [Insert Clinic/Hospital Name and Address]

We kindly ask you to arrive 15 minutes early for your appointment and bring any necessary medical records or identification.

If you have any questions or need to reschedule, please do not hesitate to contact us at [Insert Contact Information].

Thank you for choosing our urgent care services. We look forward to seeing you soon.

Sincerely,

[Your Name]

[Your Title]

[Clinic/Hospital Name]

[Contact Information]