

# Confirmation of Emergency Care Consultation

Dear [Patient's Name],

We are writing to confirm your emergency care consultation scheduled for:

**Date:** [Date]

**Time:** [Time]

**Location:** [Facility Name and Address]

If you have any questions or require further assistance, please do not hesitate to contact us at [Phone Number] or [Email Address].

Thank you for choosing our emergency care services.

Best regards,

[Your Name]

[Your Title]

[Healthcare Facility Name]