

# Urgent Care Engagement Confirmation

Date: [Insert Date]

To: [Recipient's Name]

Address: [Recipient's Address]

City, State, Zip: [Recipient's City, State, Zip]

Dear [Recipient's Name],

We are writing to confirm your engagement with [Name of Urgent Care Facility] for urgent medical care. Your appointment is scheduled for [Date and Time]. Please arrive at least [Number of Minutes] minutes early to complete the necessary paperwork.

If you have any questions or need to reschedule, please contact us at [Phone Number] or [Email Address].

Thank you for choosing [Name of Urgent Care Facility] for your healthcare needs.

Sincerely,

[Your Name]

[Your Position]

[Name of Urgent Care Facility]

[Facility Phone Number]

[Facility Address]