

Urgent Care Attendance Confirmation

Date: [Insert Date]

To Whom It May Concern,

This letter is to confirm that [Patient's Name] attended urgent care on [Date of Visit] due to [Reason for Visit].

Details of the visit:

- Date of Visit: [Insert Date]
- Time of Visit: [Insert Time]
- Location: [Insert Urgent Care Facility Name]
- Attending Physician: [Insert Physician's Name]

Please feel free to contact us at [Insert Contact Information] if you require further information.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]