

Your Appointment Receipt

Date: **[Appointment Date]**

Time: **[Appointment Time]**

Location: **[Urgent Care Facility Name]**

Address: **[Facility Address]**

Patient Name: **[Patient Name]**

Phone Number: **[Patient Phone Number]**

Service: **Urgent Care Appointment**

Appointment ID: **[Appointment ID]**

Payment Status: **[Paid/Unpaid]**

Thank you for choosing our urgent care services. We look forward to serving you!

If you have any questions, please contact us at **[Facility Contact Number]** or **[Facility Email]**.