

Confirmation of Rescheduled Medical Visit

Dear [Patient's Name],

We are writing to confirm your rescheduled medical visit with [Doctor's Name] on [New Date] at [New Time].

Please ensure to bring any relevant medical documents and arrive at least 15 minutes early to complete any necessary paperwork.

If you have any questions or need to reschedule again, feel free to contact us at [Contact Information].

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Position]

[Medical Facility Name]

[Contact Information]