

Patient Transport Service Confirmation

Dear [Patient's Name],

We are pleased to confirm your transport service appointment. Below are the details of your scheduled transport:

- **Date:** [Date]
- **Time:** [Time]
- **Pick-up Location:** [Pick-up Address]
- **Destination:** [Destination Address]
- **Transport Provider:** [Provider Name]

If you need to make any changes to your booking or have any questions, please do not hesitate to contact us at [Contact Information].

Thank you for choosing our patient transport service. We wish you a safe and comfortable journey.

Sincerely,

[Your Organization Name]

[Your Organization Contact Information]