

# Pre-Registration Confirmation

Dear [Patient Name],

Thank you for pre-registering for your outpatient care appointment at [Clinic/Hospital Name]. We are pleased to confirm your pre-registration.

## Appointment Details:

**Date:** [Appointment Date]

**Time:** [Appointment Time]

**Location:** [Clinic/Hospital Address]

## What to Bring:

- Insurance card
- Photo ID
- Any relevant medical records

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

We look forward to seeing you on your appointment date.

Sincerely,

[Your Name]

[Your Title]

[Clinic/Hospital Name]