

Confirmation of End-of-Life Care Plan Consultation

Date: [Insert Date]

Dear [Recipient's Name],

We are writing to confirm your upcoming consultation regarding the end-of-life care plan. Below are the details of your appointment:

- **Date:** [Insert Date]
- **Time:** [Insert Time]
- **Location:** [Insert Location]
- **Duration:** [Insert Duration]

During this consultation, we will discuss your care preferences, available options, and any questions you may have regarding the end-of-life care plan.

If you have any questions or need to reschedule, please do not hesitate to contact us at [Insert Contact Information].

Thank you for allowing us to assist you during this important time.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]