

# Confirmation of Contact Information

Date: [Insert Date]

To: [Practitioner Name]

Address: [Practitioner Address]

Dear [Practitioner Name],

We are writing to confirm your contact information as listed below:

- Name: [Practitioner Name]
- Phone Number: [Practitioner Phone Number]
- Email Address: [Practitioner Email]
- Office Address: [Practitioner Office Address]

If any of the information above is incorrect or has changed, please let us know at your earliest convenience.

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]