

# Medical Appointment Confirmation

Date: [Insert Date]

To Whom It May Concern,

This letter is to confirm that [Patient's Full Name], holding passport number [Passport Number], has a pre-scheduled medical appointment at [Hospital/Clinic Name] on [Appointment Date] at [Appointment Time].

The purpose of this appointment is to [Brief Description of Medical Reason].

Please feel free to contact us at [Contact Number] or [Email Address] for any further information or verification.

Thank you for your attention.

Sincerely,

[Doctor's Name]

[Doctor's Title]

[Hospital/Clinic Name]

[Hospital/Clinic Address]