

# Transportation Logistics Confirmation

Date: [Insert Date]

Dear [Recipient's Name],

We are pleased to confirm your transportation logistics for your upcoming healthcare appointment.

## Appointment Details:

**Appointment Date:** [Insert Appointment Date]

**Appointment Time:** [Insert Appointment Time]

**Provider/Facility Name:** [Insert Provider/Facility Name]

**Address:** [Insert Address]

## Transportation Details:

**Pick-up Location:** [Insert Pick-up Location]

**Pick-up Time:** [Insert Pick-up Time]

**Driver's Name:** [Insert Driver's Name]

**Contact Number:** [Insert Driver's Contact Number]

For any further assistance or changes to your schedule, please do not hesitate to contact us at [Insert Contact Information].

Thank you for choosing our services. We wish you a successful appointment.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]