

Appointment Confirmation

Dear [Patient's Name],

We are pleased to confirm your follow-up appointment with Dr. [Doctor's Name] in the Cardiology department.

Date: [Appointment Date]

Time: [Appointment Time]

Location: [Clinic/Hospital Name, Address]

Please arrive 15 minutes early for check-in and bring any necessary medical records. If you have any questions or need to reschedule, feel free to contact us at [Clinic's Phone Number].

Thank you, and we look forward to seeing you.

Sincerely,

[Your Clinic's Name]

[Your Clinic's Contact Information]