

Appointment Confirmation

Dear [Patient's Name],

We are pleased to confirm your eye care appointment with [Doctor's Name] at [Clinic Name].

Date: [Appointment Date]

Time: [Appointment Time]

Location: [Clinic Address]

Please arrive at least 15 minutes early to complete any necessary paperwork.

If you have any questions or need to reschedule, please contact us at [Phone Number] or [Email].

Thank you for choosing [Clinic Name] for your eye care needs!

Sincerely,

[Your Name]

[Your Title]

[Clinic Name]

[Contact Information]