

Vision Care Visit Notification

Dear [Patient's Name],

We are pleased to inform you that your vision care visit is scheduled for [Date] at [Time].

Location: [Clinic Name]

Address: [Clinic Address]

Please bring the following items with you:

- Your insurance card
- Any current eyewear (glasses or contacts)
- A list of medications you are currently taking

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

We look forward to seeing you!

Sincerely,

[Your Name]

[Your Position]

[Clinic Name]