

# Audiology Assessment Appointment Confirmation

Date: [Insert Date]

Dear [Patient's Name],

We are pleased to inform you that your audiology assessment has been scheduled. Below are the details of your appointment:

- **Date:** [Insert Appointment Date]
- **Time:** [Insert Appointment Time]
- **Location:** [Insert Clinic Address]
- **Contact Number:** [Insert Phone Number]

Please arrive 15 minutes early to complete any necessary paperwork. If you have any questions or need to reschedule, feel free to contact us at the number listed above.

We look forward to seeing you.

Sincerely,

[Your Name]

[Your Title]

[Clinic Name]