

Follow-Up Audiology Test Confirmation

Dear [Patient's Name],

We hope this message finds you well. This is a confirmation for your follow-up audiology test scheduled on [Date] at [Time].

Please arrive 15 minutes early to fill out any necessary paperwork. The appointment will take place at [Location].

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

Thank you for choosing [Clinic Name]. We look forward to seeing you soon!

Sincerely,

[Your Name]

[Your Title]

[Clinic Name]

[Clinic Phone Number]

[Clinic Email Address]