

# Hearing Evaluation Appointment Confirmation

Dear [Patient's Name],

We are pleased to confirm your appointment for a hearing evaluation.

**Date:** [Date]

**Time:** [Time]

**Location:** [Clinic Name, Address]

Please arrive 15 minutes early to complete any necessary paperwork. If you need to reschedule, feel free to call us at [Phone Number].

Thank you, and we look forward to seeing you soon!

Sincerely,

[Your Name]

[Your Title]

[Clinic Name]

[Contact Information]