

# Hearing Screening Appointment Confirmation

Dear [Patient's Name],

We are pleased to confirm your appointment for a hearing screening. Below are the details:

- **Date:** [Date]
- **Time:** [Time]
- **Location:** [Clinic Name and Address]
- **Contact:** [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 provided above.

Thank you, and we look forward to seeing you!

Sincerely,

[Your Name]

[Your Title]

[Clinic Name]