

# Appointment Confirmation

Dear [Patient's Name],

We are pleased to confirm your initial audiology consultation scheduled for:

- **Date:** [Insert Date]
- **Time:** [Insert Time]
- **Location:** [Insert Clinic Name and Address]

Please arrive 15 minutes early to complete any necessary paperwork. If you have any questions or need to reschedule, do not hesitate to contact us at [Insert Contact Information].

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

Sincerely,

[Your Name]

[Your Title]

[Clinic Name]

[Contact Information]