

# Appointment Confirmation

Date: [Insert Date]

Dear [Patient's Name],

We are pleased to confirm your appointment for a Gastrointestinal (GI) examination.

## **Appointment Details:**

- Date: [Insert Appointment Date]
- Time: [Insert Appointment Time]
- Location: [Insert Clinic/Hospital Name and Address]

Please arrive 15 minutes early and bring any necessary medical records.

If you have any questions or need to reschedule, feel free to contact us at [Insert Contact Number].

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

Sincerely,

[Your Name]

[Your Title]

[Clinic/Hospital Name]