

Appointment Confirmation

Date: [Insert Date]

To: [Patient's Name]

From: [Your Clinic/Hospital Name]

Subject: Appointment for Gastrointestinal Assessment

Dear [Patient's Name],

We are writing to confirm your appointment for a gastrointestinal assessment on [Insert Appointment Date] at [Insert Appointment Time]. Your assessment will take place at our facility located at [Insert Facility Address].

Please remember to arrive at least 15 minutes prior to your scheduled appointment to allow time for registration. Bring any necessary documents, including your insurance card and a list of medications you are currently taking.

If you have any questions or need to reschedule, please contact our office at [Insert Phone Number].

Thank you for choosing our clinic for your healthcare needs. We look forward to seeing you soon.

Sincerely,

[Your Name]

[Your Title]

[Your Clinic/Hospital Name]

[Contact Information]