

# Appointment Confirmation

Dear [Patient Name],

We are pleased to confirm your appointment for a digestive health evaluation.

## Appointment Details:

**Date:** [Appointment Date]

**Time:** [Appointment Time]

**Location:** [Clinic Address]

## Preparation Instructions:

Please arrive 15 minutes early and bring any relevant medical records. Ensure you follow any pre-evaluation dietary instructions given during your booking.

## Contact Information:

If you have any questions or need to reschedule, please contact us at:

**Phone:** [Clinic Phone Number]

**Email:** [Clinic Email Address]

Thank you for choosing us for your digestive health evaluation. We look forward to seeing you soon!

Sincerely,

[Your Clinic Name]

[Your Clinic Address]