

Appointment Confirmation

Dear [Patient's Name],

We are pleased to confirm your gastrointestinal check-up appointment.

Date: [Appointment Date]

Time: [Appointment Time]

Location: [Clinic/Hospital Name]

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 [Phone Number] or [Email Address].

Best regards,

[Your Name]

[Your Title]

[Clinic/Hospital Name]

[Contact Information]