

Appointment Confirmation: Gastrointestinal Screening

Dear [Patient's Name],

We are writing to confirm your scheduled gastrointestinal screening. Please find the details of your appointment below:

- **Date:** [Insert Date]
- **Time:** [Insert Time]
- **Location:** [Insert Clinic/Hospital Name and Address]
- **Physician:** [Insert Physician's Name]

Please arrive at least 15 minutes early to complete any necessary paperwork. Ensure you follow the pre-screening instructions provided to you during our last visit. If you have any questions, feel free to contact us at [Insert Phone Number] or [Insert Email].

We look forward to seeing you!

Sincerely,

[Your Name]

[Your Title]

[Clinic/Hospital Name]

[Contact Information]