

# Consultation Confirmation

Dear [Patient's Name],

We are pleased to confirm your cosmetic surgery consultation scheduled for:

**Date:** [Date]

**Time:** [Time]

**Location:** [Clinic/Hospital Name and Address]

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].

We look forward to meeting you.

Sincerely,

[Your Name]

[Your Title]

[Clinic/Hospital Name]

[Contact Information]