

Appointment Confirmation

Date: [Insert Date]

Time: [Insert Time]

Location: [Insert Location]

Dear [Patient's Name],

We are pleased to confirm your occupational therapy appointment. Please arrive 15 minutes early to allow time for check-in.

If you have any questions or need to reschedule, feel free to contact us at [Insert Phone Number] or [Insert Email Address].

We look forward to seeing you!

Sincerely,

[Your Name]

[Your Title]

[Clinic/Organization Name]