

Sleep Study Appointment Confirmation

Dear [Patient's Name],

We are writing to confirm your sleep study appointment scheduled as follows:

Date: [Appointment Date]

Time: [Appointment Time]

Location: [Facility Name and Address]

Please arrive 30 minutes early to complete the necessary paperwork. If you have any questions or need to reschedule, feel free to contact us at [Phone Number] or [Email Address].

Thank you for choosing us for your sleep study needs.

Sincerely,

[Your Name]

[Your Title]

[Clinic or Hospital Name]