

Geriatric Care Consultation Confirmation

Dear [Recipient's Name],

We are pleased to confirm your appointment for a geriatric care consultation. Below are the details of your scheduled appointment:

Date: [Appointment Date]

Time: [Appointment Time]

Location: [Clinic/Office Address]

Provider: [Provider's Name]

If you have any questions or need to reschedule, please do not hesitate to contact us at [Contact Information].

We look forward to seeing you soon.

Sincerely,

[Your Name]

[Your Position]

[Healthcare Facility Name]

[Contact Information]