

Appointment Confirmation

Dear [Patient's Name],

We are pleased to confirm your appointment for a corneal transplant evaluation.

Date: [Date]

Time: [Time]

Location: [Clinic/Hospital Name]

Please arrive 15 minutes early to complete any necessary paperwork. Bring along your insurance information and a list of any medications you are currently taking.

If you have any questions or need to reschedule, please contact our office at [Phone Number].

We look forward to seeing you soon.

Sincerely,

[Your Name]

[Your Title]

[Clinic/Hospital Name]