

Corneal Transplant Evaluation Follow-Up Appointment

Date: [Insert Date]

Dear [Patient's Name],

We hope this letter finds you well. This is to confirm your follow-up appointment for your corneal transplant evaluation. Please find the details below:

Appointment Details:

Date: [Insert Appointment Date]

Time: [Insert Appointment Time]

Location: [Insert Clinic Name and Address]

Please arrive at least 15 minutes early to allow for check-in procedures.

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

We look forward to seeing you soon.

Sincerely,

[Your Name]

[Your Title]

[Clinic/Organization Name]