

Appointment Confirmation

Dear Guardian,

This is to confirm your child's scoliosis screening appointment:

Date: [Insert Date]

Time: [Insert Time]

Location: [Insert Location]

Please ensure that your child wears appropriate clothing that allows for easy examination of their back.

If you have any questions or need to reschedule, feel free to contact us at [Insert Contact Information].

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]