

# Scoliosis Screening Appointment Notification

Dear [Patient's Name],

We are writing to inform you that your scoliosis screening appointment has been scheduled. Please see the details below:

**Date:** [Appointment Date]

**Time:** [Appointment Time]

**Location:** [Clinic/Hospital Name, Address]

This screening is an important step in assessing your spinal health. We recommend that you wear comfortable clothing for the examination.

Please confirm your attendance by calling us at [Phone Number] or emailing us at [Email Address]. If you need to reschedule, kindly let us know at least 24 hours in advance.

Thank you for your attention to this important aspect of your health. We look forward to seeing you soon.

Sincerely,

[Healthcare Provider's Name]

[Title]

[Healthcare Facility Name]

[Contact Information]