

Scoliosis Screening Appointment Notice

Dear [Staff Name],

This is to inform you that a scoliosis screening appointment has been scheduled for the following date and time:

- **Date:** [Insert Date]
- **Time:** [Insert Time]
- **Location:** [Insert Clinic Name and Address]

Please ensure that all necessary equipment and resources are prepared for the screening. If you have any questions, feel free to reach out.

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Position]

[Clinic Name]