

Appointment Confirmation

Dear [Patient's Name],

We are pleased to confirm your hearing aid fitting appointment.

Date: [Appointment Date]

Time: [Appointment Time]

Location: [Clinic Name, Address]

Please bring any previous hearing test results and your insurance information.

If you have any questions or need to reschedule, feel free to contact us at [Phone Number] or [Email Address].

Thank you, and we look forward to seeing you soon!

Sincerely,

[Your Name]

[Your Title]

[Clinic Name]