

Appointment Confirmation for Liver Function Test

Dear [Patient's Name],

This is to confirm your appointment for a liver function test.

Date: [Appointment Date]

Time: [Appointment Time]

Location: [Clinic/Hospital Name]

Address: [Clinic/Hospital Address]

Please arrive at least 15 minutes early and bring your insurance information, as well as any necessary medical records.

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.

Sincerely,

[Your Name]

[Your Title]

[Clinic/Hospital Name]