

Appointment Confirmation

Dear [Patient's Name],

We are pleased to confirm your appointment for diabetic foot care.

Date: [Appointment Date]

Time: [Appointment Time]

Location: [Clinic/Hospital Name, Address]

Please arrive 15 minutes early to complete any necessary paperwork. If you have any questions or need to reschedule, feel free to contact us at [Contact Number].

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

Sincerely,
[Your Name]
[Your Title]
[Clinic Name]