

Vaccine Appointment Confirmation

Dear [Recipient Name],

Thank you for scheduling your COVID-19 vaccine appointment at our drive-thru clinic. Below are the details of your appointment:

- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Location:** [Drive-Thru Clinic Address]
- **Vaccine Type:** [Vaccine Type]

Please ensure you bring the following items to your appointment:

- Identification (Driver's License or Health Card)
- Insurance Card (if applicable)
- A printed copy of this confirmation (if possible)

If you have any questions or need to reschedule, please do not hesitate to contact us at [Phone Number] or [Email Address].

We look forward to seeing you soon!

Best regards,

[Your Organization Name]

[Your Organization Contact Information]