

# Appointment Confirmation

Dear [Patient Name],

We are pleased to confirm your maternity care appointment.

**Date:** [Appointment Date]

**Time:** [Appointment Time]

**Location:** [Clinic/Office Name and 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 [Phone Number] or [Email Address].

Thank you for choosing us for your maternity care. We look forward to seeing you!

Sincerely,

[Your Name]

[Your Title]

[Clinic/Office Name]