

# Confirmation of Eye Care Follow-Up Visit

Date: [Insert date]

Dear [Patient's Name],

We are writing to confirm your eye care follow-up visit scheduled for:

**Date:** [Insert appointment date]

**Time:** [Insert appointment time]

**Location:** [Insert clinic 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 [Insert phone number] or [Insert email address].

Thank you for choosing our clinic for your eye care needs. We look forward to seeing you!

Sincerely,

[Your Name]

[Your Title]

[Clinic Name]

[Clinic Contact Information]