

# Appointment Confirmation

Dear [Patient's Name],

We are pleased to confirm your upcoming immunotherapy appointment.

**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 [Phone Number] or [Email Address].

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

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