

Immunotherapy Session Schedule

Dear [Patient's Name],

We are pleased to inform you that your immunotherapy sessions have been scheduled as follows:

Session Number	Date	Time	Location
1	[Date 1]	[Time 1]	[Location]
2	[Date 2]	[Time 2]	[Location]
3	[Date 3]	[Time 3]	[Location]

Please make sure to arrive 15 minutes early and bring the following items:

- Health Insurance Card
- Identification
- List of medications

If you have any questions or need to reschedule, please contact our office at [Phone Number] or [Email Address].

Thank you and we look forward to seeing you.

Sincerely,

[Your Name]

[Your Title]

[Your Institution]