

Appointment Confirmation

Dear [Patient's Name],

We are pleased to confirm your dental appointment:

- **Date:** [Date]
- **Time:** [Time]
- **Location:** [Clinic Name, Address]
- **Doctor:** [Dentist's Name]

Please arrive 10 minutes early and bring your insurance information, if applicable.

If you need to reschedule or have any questions, feel free to contact us at [Phone Number] or [Email Address].

Thank you,

[Your Dental Office Name]