

Appointment Confirmation

Dear [Patient's Name],

We are pleased to confirm your health screening appointment as follows:

- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Location:** [Clinic/Hospital Name & Address]
- **Contact Number:** [Contact Number]

Please arrive at least 15 minutes early to complete any necessary paperwork. Remember to bring your insurance information and any relevant medical records.

If you have any questions or need to reschedule, please contact us at [Contact Number].

Thank you for choosing us for your health care needs.

Sincerely,

[Your Name]

[Your Title]

[Clinic/Hospital Name]