

Appointment Confirmation

Date: [Insert Date]

Dear [Patient's Name],

We are pleased to confirm your appointment with Dr. [Doctor's Name] for a consultation. Below are the details of your appointment:

Date: [Insert Appointment Date]

Time: [Insert Appointment Time]

Location: [Insert Practice/Clinic Name, Address]

Purpose of Visit: [Insert Reason for Visit]

Please arrive at least 15 minutes early to complete any necessary paperwork. If you need to reschedule or have any questions, feel free to contact our office at [Insert Contact Number].

Thank you for choosing us for your healthcare needs. We look forward to seeing you!

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